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Becoming isomorphic: a model for family therapy

Tracy Todd
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Iowa State University, 1989

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**Becoming isomorphic:
A model for family therapy**

by

Tracy Todd

**A Dissertation Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
DOCTOR OF PHILOSOPHY**

**Department: Family Environment
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**Iowa State University
Ames, Iowa**

1989

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CHAPTER ONE.

INTRODUCTION

Statement of the Problem

In a pioneering research project, Kuehl (1987) examined the perceptions of clients following the termination of family therapy. Through ethnography it became more clear to the therapists and researchers what families liked and disliked about therapy. For the therapists, it was particularly useful to gain firsthand knowledge regarding differences between families who completed therapy and were satisfied, and families who did not complete therapy and were dissatisfied.

Following the completion of the project, Kuehl (1987) suggested a number of directions that future ethnographic research in family therapy might take. One of the suggested directions involved the acquisition of information from families about the direction of the therapy process prior to terminating therapy. One method of gathering feedback would be to conduct ethnographic interviews concerning the therapeutic context after each therapy session, or intermittently during the therapy process. Ethnographic interviews would help the therapist deliver a higher quality service; in turn, the family should experience a more fulfilling therapeutic process. The purpose of this study is to develop a model of family

therapy in which information will be gathered intermittently during the therapeutic process in hopes that a more quality service can be delivered to families.

Some of the feedback Kuehl (1987) received from families about therapy included information about the frustration families felt when there were repeated abuses of time, told to do things they were not ready to do, and when the same topic was covered week after week.

Kuehl's research was pioneering and useful because most research addressing the therapeutic process is from the therapist's perspective, not the family's (Kruger, 1985). However, if a family's perspective about therapy can be assessed during the therapeutic process, clients may be more satisfied with the service. Consider the following interview (Kuehl, 1987, p. 147):

Mother: It got to be such a problem, going over what Jane did week after week, over and over. We were running her down reporting what she did. The group and the counselor would point out shortcomings in the family: things were invented. There were some length of time they focused on whether I had a hobby. I was so desperately needing an answer for Jane that I thought we were just wasting time. I kept trying to tell the counselors that they were not relating. We didn't like it but we couldn't get it across to anyone. They

were in control of the entire situation. Our input was whatever they wanted to bring out with their questions.

Ethnographer: (Summarizes what family members have said, then says): That must have been very difficult for you to experience.

Mother: Yes, and all this time there is this gnawing in me, "How are we going to help Jane?" I just saw her so miserable and I wanted her to be whole. Then we'd get off on one of these tangents and all this time there would be this gnawing in me, "Why all this going around and around the bush? Let's get to it." We were not really getting down to the problem.

Father: There was a period of about three meetings where we all said to each other that we didn't feel like we were accomplishing anything; we didn't seem to move forward. It was the same old subject, rehashed and rehashed for about three meetings. Even Jane said she thought we were not accomplishing anything.

Adolescent: It was bunk.

Father: I think they just got it in their minds that I was to be more in charge of the family.

Mother: And I was the witchy woman for not letting him be in charge.

Father: It created some problems between my wife and I.

We were not arguing before we started the meetings, but I found we were once we started going. So one time, I forget what started it, I just blew up and told the family how it was going to be. The people out at Tech got real excited, but it didn't excite us much.

Mother: We all walked around with lumps in our throats.

It tore the family up.

Adolescent: I don't think my drug problem was all my parents' fault. A lot of the drug problem comes from not getting along with your parents, but that is not the cause. I think the drugs were already there in my genes. Drug problems run in my family.

Ethnographer: (Summarizes what the family members have said, then asks): What was it like to go through counseling without being able to get the counselor to listen to you?

Father: I think at one point the three of us discussed quitting when we were in this lull.

Mother: I wanted to walk in and say, "I'm not doing this anymore. I'm not coming here anymore. We do not need to rehash this anymore. We don't need to talk about this anymore. It is not getting me anywhere. I just

spent 30 minutes crying. I don't want to do this anymore."

If interviews with the family would have been conducted during the therapy process, the family's feeling about therapy might have been discovered and a more positive outcome would have occurred. The limitation of Kuehl's (1987) project is that the information gained through ethnographic interviews could not be used recursively with the interviewed family, but it could only be used as feedback for future families. Any dissatisfaction a family may have had with therapy would not be discovered until the therapy process was terminated by the family, therapist, or both. The unique aspect of this model, referred to as the Re-Search Model, is that the information obtained from the ethnographic interview is utilized during a family's therapy experience. The information is not learned post hoc and used with another family; it is learned during the process and used with the same family.

Understanding the Re-Search Model Through the
Epistemologies of Radical Constructivism,
Cybernetics and Naturalistic Inquiry

Clinical research methods adhere to theoretical assumptions that are quite different from those of traditional quantitative research. Traditional

quantitative research relies on the premises of logical positivism; whereas, clinical research is founded within the tenets of naturalistic inquiry (Lincoln & Guba, 1985). For the purpose of this research project, the philosophies associated with radical constructivism, cybernetics, and naturalistic inquiry will be utilized.

Radical Constructivism

"A way of seeing is always a way of not seeing" (Burke, cited in Peshkin, 1985, p. 267).

von Glaserfeld (1984) defined constructivism as an epistemological position that views the relation between reality and knowledge from an evolutionary perspective, and that it is impossible for an organism to mirror (match) reality, it can only construct a model that fits. Simon, Stierlin, and Wynne (1985) added that statements about reality are primarily statements about the observer, and Lincoln and Guba (1985) reported that the epistemological position of constructivists is one in which reality is in the mind of each individual and that it is dubious to try to inquire into that reality because there can be an infinite number of realities constructed. Constructivists emphasize the participant/observer's role in their construction of reality (von Glaserfeld, 1984; von Foerster, 1984). von Glaserfeld (1984) stated:

The radical constructivist has relinquished "metaphysical realism" once and for all and finds himself in full agreement with Piaget, who says, "Intelligence organizes the world by organizing itself (Piaget, 1937)". (p. 24)

As Kuehl (1987) stated, the researcher, theorist, and therapist must be conceptualized as a part of rather than apart from the context in which they are involved. Efran, Lukens, and Lukens (1988) argued that good constructivists "acknowledge the active role they play in creating a view of the world and interpreting observations in terms of it" (p. 28).

Historically, constructivism can be traced back to Kant's thesis "that our mind does not derive laws from nature, but imposes them on it" (von Glaserfeld, 1984, p. 20). von Glaserfeld further stated that presently scientists consider themselves discoverers looking for a match with their own reality. For example, Columbus discovered "Indians" because he thought he landed in India. However, the "Indians" were never lost and did not see themselves as discovered. Watzlawick (1984) maintained that reality is simply a construction of the investigator who has discovered it, in other words, reality is an invention of the inventor who is usually not aware of his act of invention. This philosophy of reality makes it

impossible for researchers, therapists, and/or theorists to separate themselves from whatever is being interacted with, observed, or studied.

Keeney (1979) and Gregory Bateson discussed the idea that when individual A meets individual B, individual A does not see an independent individual B, but rather a combination of individual A and B (a hybrid). If our environment, as we perceive it, is as von Foerster (1984) stated, our own invention, then no distinctions can be drawn. Since no distinctions between observer and observed can be drawn, it becomes impossible to identify a starting place for our construction of knowledge (Keeney, 1983). Colapinto (1985) reported the philosophy of Humberto Maturana as one in which knowledge about an objective reality is impossible because reality is observer dependent. Maturana (Efran & Lukens, 1985) argued:

Language creates the illusion that we can look out and 'see' a separate outside world. In fact, we never actually leave the domain of our own activity or interaction. In this epistemology, there really is no independent "object" of study. Since there is nothing objective, there is also nothing subjective. (p. 25)

Varela (1979) believed that meaning is dependent on the context of the action taking place. de Shazer (1988) added that since communication is an interpersonal process,

meanings are negotiable and the behavior setting influences our understanding of the communication. Efran et al. (1988) elaborated succinctly on Varela's (1979) belief that the role of context is in the construction of meaning:

Take something out of context and it becomes meaningless. Put it in a new context, and it means something else. Problems-mental or otherwise-are not circumstances or actions taken in isolation. They are ascriptions of meaning that arise within a particular tradition.

(p. 28)

Keeney (1979) suggested that possibly the first step taken by a therapist should be to give a new meaning to the presented problem of the clients. This redescription could help both the therapist and client(s) view the symptom as part of a relationship, not just a focus on an individual. Hopefully, this redefinition of the symptom would assist the therapeutic system (clients and therapist) in beginning to formulate different semantics about the politics of the interactional system.

When discussing therapeutic realities, the semantics and politics of constructed realities must be considered. Semantics is the term applied to the meaning behind communication, while politics is the term applied to the

actions (observable) present during communication (Keeney & Ross, 1985). For example, a father's verbal behavior toward his adolescent daughter would be the politics of the communication context, while the meaning that the adolescent labels the context, "hassling", "nagging", and/or "bugging", is the semantics. However, it is possible that by redefining the "hassling" to "loving" the adolescent may no longer view the politics of her father negatively.

Semantics and politics not only exist in a family, but also between the family and their therapist. A family may view all verbalizations (politics) by the therapist as therapy (semantics). However, it seems that a therapist who can create a fit between a family's semantics of therapy and his\her politics will be better able to form a more cooperative relationship with them.

Joining. The process of joining has received some attention, but little study has been given to clearly defining the concept, evaluating when it has occurred, or what happens in a therapeutic system when joining has not taken place. Perhaps, Minuchin (1974) addressed the concept of joining the best. Minuchin (1974) gave the following description of joining:

To join a family system, the therapist must accept the family's organization and style and blend

with them. He must experience the family's transactional patterns and the strength of those patterns. That is, he should feel a family member's pain at being excluded or scapegoated, and his pleasure of being loved, depended on, and otherwise confirmed within the family. (p. 123)

While this is one definition of joining it is extremely limited. Borrowing from constructivism, it is impossible for a therapist to feel various family member's emotions. If a therapist states that he can feel an individual's pain, he is in fact creating a dormitive principle and imposing his reality on the client's.

Bateson (1979) described dormitive principles as the repackaging of a phenomenon you are explaining. Keeney (1983) further elaborated using depression as an example of a dormitive principle. Often times if an individual exhibits such behavior as unhappiness, and/or unwillingness to eat and work she is labeled as depressed. The danger of such a label, or dormitive principle, is that a therapist seemingly knows and understands depressed individuals. Anyone who acts unhappy, loses a job, and does not eat is depressed, and those who are depressed may not eat, work, and are unhappy.

Rather than applying one's definition of joining on the therapeutic context, and possibly operating within a

dormitive principle, it seems that a therapist needs to discover what joining is from the family's perspective. Is joining simply listening to the client, or is it giving the clients a kick in the pants? de Shazer (1982) used the concept of becoming isomorphic (fitting) with families, that is, learning the clients interactive skills and language so that cooperation between clients and therapists is facilitated. To discover if a therapist is becoming isomorphic with a family, information from different contexts must be obtained, not assumed. During therapy, a family may trust and establish rapport with a therapist (matching/joining), but yet feel the therapist is not helping them solve their problem (being isomorphic).

The assumption is that knowledge fits the context not matches the context. No one can really know the absolute truth, individuals can only assume what is true for a given situation (Kuehl, 1987). Matching would assume, inappropriately, that the reality experienced by one individual is the same as another. For example, while two individuals are watching a family interact from behind a one-way mirror Individual A may be thinking that the family is very close and communicates well, even though they are yelling and waving their hands. However, Individual B may think they are very dysfunctional because of the conflict. The difference between these individuals may be that

Individual A was raised in a boisterous, animate family, while Individual B was raised in a controlled, subdued family.

von Glaserfeld (1986) discussed the importance of knowledge fitting an organism's system:

Knowledge can now be seen as fitting the constraints within which the organism's living, operating, and thinking takes place. From that perspective, then, "good" knowledge is the repertoire of ways of acting and/or thinking that enable the cognizing subject to organize, to predict, and even to control the flow of experience. From this changed point of view, then, the cognitive activity does not strive to attain a veridical picture of an "objective" world (a goal which, as the skeptics have always told us, is unattainable), but it strives for viable solutions to whatever problems it happens to deal with. (p. 109)

Furthermore, von Glaserfeld (1984) argued that knowledge is not a phenomenon that is prefabricated, but rather a construction by an individual.

It appears that the therapist's responsibility is to learn what a family's semantics are concerning the therapeutic process so that the therapist can better fit the knowledge the family has about therapy. However, the

information gathered by a therapist is limited because the therapist is only able to receive information within the family's semantics of therapy. However, when an ethnographer is introduced the context shifts from one in which the family is engaged in therapy to one in which the family is teaching the ethnographer what the therapy process involves from their perspective. The purpose of this research project is gather new information involving the therapeutic process from a family's perspective so that the therapist can create a better fit with his clients.

Cybernetics

Cybernetics was a term coined in 1948 by Norbert Wiener:

The word cybernetics is taken from the Greek kybernetes, meaning steersman. From the same Greek word, through the Latin corruption gubernator, came the term governor, which has been used for a long time to designate a certain type of control mechanism.

(Wiener, 1948, p. 14)

Since his original article was published, much has been discussed about the philosophy of cybernetics. The philosophy has moved from the first order cybernetics of Wiener in which the observed system is assumed to be observed by an outside observer to second order cybernetics in which the observer is included in the reality being

observed (Mead, 1968). One area of the cybernetic model involves feedback, and in a classic article Powers (1973) described a closed feedback system.

Powers (1973) described his thoughts concerning a closed feedback system. The sensor function creates a relationship between the environmental physical variables and sensor signal which is internal to the system. The reference signal is compared to the sensor signal and any differences between the signals creates an error signal. The error signal activates the effector function which then produces observable events in the environment- output quantity. The feedback created by the environment as a response to the output quantity is the input quantity which is the environmental stimuli monitored by the sensor function. The system (above the dashed line) is organized in such a way that the sensor signal and reference signal are equal at all times. Disturbances are those effects independent of the output quantity. For example, a family typically does nothing to cause, say, an earthquake (disturbance). Such disturbances, in relation to a family, could be said to have a direct linear effect on the family. However, with all the other elements of Powers' model no direct linear relations could exist. All effects and signals would be recursively related to one another. (See Figure 1.)

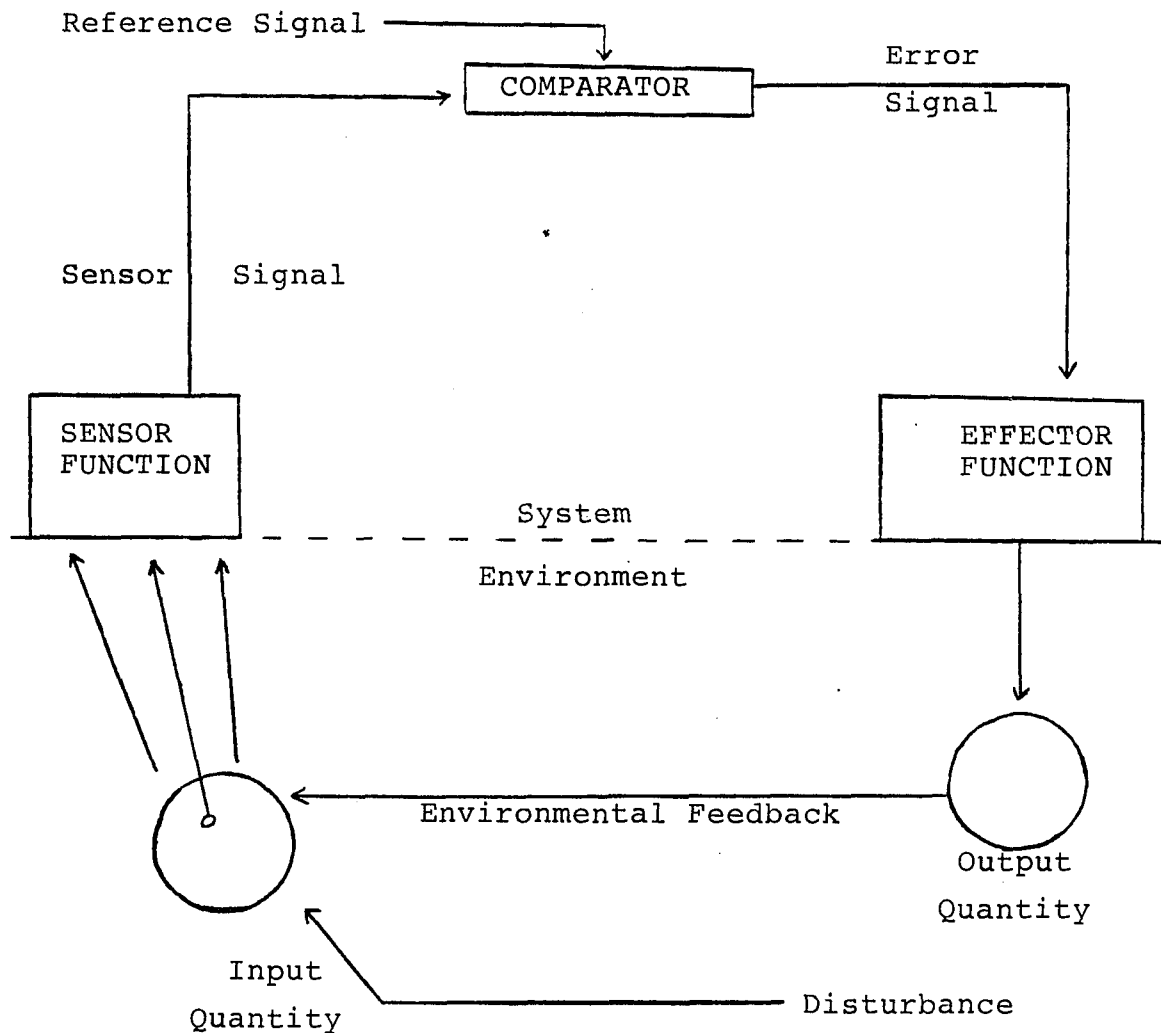


Figure 1. A basic control-system unit of behavioral organization

Keeney (1983) used the example of a thermostat to demonstrate the feedback process in the cybernetic model. A thermostat is set at a designated temperature that allows a certain amount of fluctuation in the temperature of a room. However, when the temperature exits this range of temperature (feedback), the furnace or air conditioner will

engage bringing the temperature back into the designated range (simple cybernetics). Another example involving feedback in the cybernetic process involves a family with a dog (Keeney, 1983). Assume that a brother and sister begin to escalate in their verbal overtones during an argument until the point where the family dog begins to growl and nip at their feet, at which time the argument is ended and the kids begin playing with the dog. The dog's response (feedback) acted as a calibrating mechanism, not allowing the argument to "get out of hand".

As mentioned before, when the observer is not considered part of the observed system the concept is considered simple cybernetics. However, as Margaret Mead (1968) pointed out, when we include the observer in the system we are discussing cybernetics of cybernetics, or second order cybernetics. Early cyberneticians used the concept of black boxes when discussing cybernetic systems (Keeney, 1983). Powers' (1973) feedback structure could be considered a black box system. The observer (outside the system) examines the inputs and outputs to discover what needs to be changed in order to modify future inputs and outputs. However, when we discuss the relationship of family therapy and second order cybernetics, we no longer adhere to the concept of black boxes because the therapist

now includes him/herself in the system-there is no black box to be observed.

When examining a therapeutic context, one could use a lens that views the family as a system and the therapist as the environment. If such is the case, all information by the family would be viewed as output quantity and all interventions by the therapist would be viewed as input quantity (black box concept). It should not be forgotten, though, that the therapist could be included in the system and the team could be viewed as the environment, or the team could also be involved in the system, and the school system could be viewed as the environment. Such expansion of systemic domains could go on ad infinitum. As Keeney (1983) explained, "As natural epistemologists, our dilemma is having to draw distinctions in order to know a world, while knowing that the constructions are illusory" (p. 63).

This research project provides the therapy context with a cybernetic mechanism; the ethnographer. The ethnographer feeds information back into the therapy system in which the therapist operates. Although conceptually a distinction can be drawn allowing the ethnographer to operate under a black box assumption, realistically, it is impossible to construct such a distinction. The information obtained by the ethnographer would be a cybernetic mechanism that would assist the

therapist in maintaining the acceptable range of therapy as perceived by the clients.

Naturalistic Inquiry

Naturalistic inquiry is a philosophical position that rebukes the logical positivist research paradigm. Harre (1981) stated that positivism focuses on the surface events, establishes meaning operationally, and is concerned with predicting. In contrast, post-positivism (naturalist inquiry) is interested in deeper examinations of topics of interest, establishing meaning inferentially, and understanding.

Lincoln and Guba (1985) compared the positivist and naturalistic paradigms regarding five axioms: nature of reality, relationship of knower to known, possibility of generalization, possibility of causal linkages, and role of values. The positivist's interpretation of the nature of reality is that there is a single, tangible reality that can be broken up into tiny pieces for examination, and when each piece has been thoroughly studied the entire reality can be controlled and predicted. In contrast, the naturalist views the multiple realities that can only be studied from a holistic approach, and that control and prediction are unlikely.

The positivists' position regarding the relationship of knower to known is one in which the two entities are

independent of one another; whereas, the naturalist views the two positions as inseparable (Lincoln & Guba, 1985). These authors continued to elaborate that the positivists argued that they should develop a nomothetic body of knowledge in which generalizations become truth statements not bound by time and context. Lowman (1985) stated that positivists are more concerned with developing an accurate description of reality rather than understanding a reality through introspection and observation. Naturalists, on the other hand, believe that research should develop an idiographic body of knowledge in which working hypotheses are utilized to describe individual cases. Involving causal linkages, the positivists maintain that all actions are based on a cause and effect relationship. However, the naturalists argue that there is a mutual simultaneous influence between entities which makes it impossible to distinguish between cause and effect. Finally, Lincoln and Guba (1985) stated that positivists believe that inquiry is value free because of guaranteed objectivity of their research methodology. In contrast, naturalists feel that inquiry is value bound for a number of reasons. For instance, the addressed topic is chosen by the inquirer for certain reasons, research is influenced by the theory used by the researcher to guide data collection, and research is

influenced by the values involved within the contest of the research (see Table 1.).

Berg and Smith (1985) argued that clinical methodology was warranted in studying social relationships for three reasons. First, all investigation processes of a social reality must consider the whole of that reality. Second, the type of social research and the resulting quality is dramatically influenced by the interaction between the researched and the researcher. Finally, the relationship between these two entities deserves the same vigorous examination as other methodological issues. However, Lowman (1985) stated that many individuals who attempt to change and study social systems are oblivious and often hostile to clinical research methods (i.e., ethnography). He further summed up why clinical methods are needed to study social systems:

Since traditional methodologies have had over fifty years to apply their methodologies to the problems of social systems and have had such little impact on the day-to-day behavior of these systems, then perhaps it is time for other research methods to be given a real chance to explore the same territory. Such opportunity would require primarily the legitimization of clinical methods as proper research tools. (p. 177)

Table 1. Contrasting positivist and naturalist axioms^a

| Axioms About | Positivist Paradigm | Naturalist Paradigm |
|---|--|---|
| The nature of reality | Reality is single, tangible, and fragmentable. | Realities are multiple constructed, and holistic. |
| The relationship of knower to the known | Knower and known are independent, a dualism. | Knower and known are interactive, inseparable. |
| The possibility of generalization | Time and context free generalizations (nomothetic statements) are possible. | Only time-and context bound working hypotheses (idiographic statements) are possible. |
| The possibility of causal linkages | There are real causes, temporally precedent to or simultaneous with their effects. | All entities are in a state of mutual simultaneous shaping so that it is impossible to distinguish causes from effects. |
| The role of values | Inquiry is value-free. | Inquiry is value bound. |

^aLincoln and Guba (1985, p. 37)

This project will employ the clinical research method of ethnography, which is based on naturalistic inquiry, to gather information about a specific social system, a family experiencing therapy.

The Re-Search Model

The purpose of this project is to develop a model of family therapy that facilitates a better fit between the clients and therapist. The proposed Re-Search Model is based on Varela's (1979) assumption that by changing the context of a situation the meaning is also changed, and as de Shazer (1988) stated, "The therapy situation per se clearly defines the setting" (p. 64). In this model, the therapist searches for information that can be utilized to assist the clients (therapy context), while the ethnographer will re-search with the family in hopes of inventing different information that can assist the family and the therapist (non-therapy context). The family will have a different belief system about the semantics and politics of an ethnography; in turn, the re-search should generate different meanings about the therapeutic process. This different information can then be used by the therapist in order to fit the client's perceptions and/or knowledge of the therapeutic process. Hopefully, by creating a more isomorphic relationship with clients the therapy process will decrease the possibility of having

therapists facilitate and cooperate in a negative, non-productive relationship with clients.

The method used to collect such information, ethnography, is based on naturalistic inquiry assumptions and the philosophy closely parallels radical constructivism. Furthermore, the ethnographer will act as a cybernetic mechanism that will hopefully keep the therapist in the range of what the clients feel is fulfilling therapy. In turn, a more isomorphic relationship can be created between the therapist and clients. The unique aspect of this model is the recursive nature of information gathering and giving. The clients share a recursive relationship with the therapist and team, and the ethnographer shares a recursive relationship with the therapist, team, and clients.

What differentiates the Re-Search Model of therapy from other therapy models is the addition of a "non-therapy" interviewer. This interviewer is not considered a co-therapist in the traditional sense, but rather as a researcher who is interested in what the family likes and dislikes about the therapy process.

Typically, the therapy process, regardless of the model, usually follows one of the following procedures. One, a therapist and client work together to obtain the desired objective of the client or therapist. Two, a

therapist might utilize video or audio equipment in order to review therapy sessions in hopes of obtaining more useful information for future sessions. Third, a therapist could work with a team. In such a situation, a therapist typically takes short breaks from the session in order to discuss the situation with the team. The team may then suggest alternate perspectives, possible interventions, or do nothing for the session. The therapist may then use the obtained information from the team in the session. Fourth, a co-therapist can be used to increase the effectiveness of the sessions. Finally, a reflective team approach can be used in which a "meta-dialogue" is created between a team and family (Andersen, 1987). The common thread linking all these models is that they all are doing therapy, the context never leaves the doing therapy focus. The uniqueness of the proposed model is that it shifts the context from therapy to having the family teach the interviewer about therapy, while in therapy. Furthermore, the information gained is fed back into a family's therapy process, not another family's. Unlike post therapy interviews or evaluation forms which acquire information that does not directly benefit the family, this model will gain information from a family that can be used with the same family during therapy; not with another family after the fact. During this teaching process, it is anticipated

that information will be gained that can help the therapist become more effective and efficient during the therapy process (fitting with the family).

Summary

It is anticipated that the Re-Search Model will assist therapists, of any style, in becoming more isomorphic with their clients. Through the use of an "outside" participant the therapist and team can acquire knowledge that may have otherwise been left untapped. This knowledge can assist both the therapist and team regarding the semantics and politics of therapy and task assignment.

Although ethnographic interviews are being utilized, it is not the intent of this project to focus on the ethnography, per se, but rather the information gained by conducting such interviews. Furthermore, this project is not intended to evaluate therapists or therapeutic style, but rather to begin the development of a model that can be used by all therapeutic schools of thought. Wamboldt, Wamboldt, and Gurman (1985) stated that politically motivated research in which Therapy A is compared to Therapy B has failed clinicians because there is no way to state that one works better than another. Furthermore, they suggested that research that assists therapists in becoming more effective, is applicable, and can be demonstrated to other therapists will be welcomed more

enthusiastically by therapists than, say, politically motivated research.

CHAPTER TWO.

RESEARCH METHODOLOGY

Methods

Sample Selection

The nine families selected for this research project were engaged in family therapy at a southwestern adolescent outpatient clinic. To be eligible for services, the families were required to meet the financial criteria of the clinic. The first financial criteria were that the families could not have outpatient mental health insurance; the second criteria was that the total income of the family could not exceed \$30,000. However, in certain cases families that exceeded the \$30,000 limit were seen (i.e., bankruptcy and unemployment). The families received services on a sliding fee scale, in exchange, they knew that they were part of a research, training, and service institute. If a family met the financial criteria of the clinic, their fee for services would be negotiated according to a sliding fee scale. The minimum payment for services was \$10.00, while the maximum payment was \$35.00.

Data Collection

The data were collected following the ethnographic format of Spradley (1979). The therapists involved with this study had a minimum of a master's degree in a mental health field, and ranged in experience from one year to ten

years. Since the type of therapy was not being evaluated, any therapeutic style was admissible for this project.

An attempt was made to collect data from families on three different occasions. Since the number of sessions per family rarely exceeded ten, the following interview schedule was followed. The first interview was early in the therapeutic process (sessions 1-3). The second interview was sometime during the middle phase of therapy (sessions 4-7), and the final interview was conducted either following the final therapy session, or sometime after session number seven. All ethnographic interviews were left to the discretion of the therapist in order to protect any intervention that may be compromised if an interview were to follow the session. For example, if a family was experiencing a high emotional level, and the therapist wanted the family to leave the clinic in such a state, an interview would not be conducted.

Ethnography

The purpose of this research project is to develop a model of therapy which generates information about the therapy process from a family's perspective; in turn, creating a better fit between therapist and clients. The following described theory and methods will be used as a guide for this project.

Werner and Schoepfle (1987) described ethnography as: Robert Launay, when asked about the range of ethnographic enterprise, answered with amusement, "An ethnography is any written report that is based on fieldwork." This answer has a ring of truth to it: Ethnography is what ethnographers do. It is therefore any full or partial description of a group-literally an ethno (folk) graphy (description). (p. 42)

Werner and Schoepfle (1987) stressed that the importance of traditional ethnography is the mix of participant observation and conversation or interview. They further described an interview as, "...any verbal confirmation or disconfirmation of observation, or any formal, informal, or casual answer to a question, constitutes an interview" (p. 302).

One role of ethnographic research is to make contributions to the theoretical assumptions about a field of study and beyond (Marcus & Fischer, 1986). In order to make such contributions, ethnographers must be able to understand the culture being investigated from the members' perspective in their own world (Malinowski, 1922). As Spradley (1979) stated, ethnography is not studying people, but rather, learning (re-searching) from people. Good ethnographies should be attempts to represent a particular

way of life as much as possible, and give a picture of a way of life (Marcus & Fischer, 1986).

It appears that ethnographic research could take many forms, and that there may not be as rigorous rules applying as those found in traditional quantitative research methodology. Ethnographic interviews can range from structured interviews in which the ethnographer learns about a culture through formal questioning to living in the field and simply participating in the daily activities of a culture. Spradley (1979) proposed a Developmental Research Sequence (DRS). His DRS assists an ethnographer in gaining and analyzing information in a structured, orderly manner. However, there are no hard and fast rules for writing ethnographies; as a matter of fact, Marcus and Fischer (1986) stated that a shift is occurring in the area of interpretive anthropology:

In relative terms, then, the current shift in attitude and expectation among professional readers and writers of ethnographies seems radical: from imagined and unexamined consensus to restless dissatisfaction with past modes of writing and intensive examination of ways to recast ethnographies. (p. 41)

Since there is not one particular method for conducting ethnographic research, the ethnographic

interviews utilized in this research project will borrow many aspects of the DRS offered by Spradley (1979). Furthermore, in order to keep the project manageable, give it direction, and assist the interviewer in fulfilling the purpose of the research project, semi-structured interviews will be used. The questions used in this project were developed following the format of Spradley (1979) and by selecting the questions from Kuehl's (1987) research that fit the DRS format. Spradley (1979) believed that the three most important elements of a good ethnographic interview are the explicit purpose, ethnographic explanation, and ethnographic questions.

Explicit Purpose

The explicit purpose of an ethnographic interview is, in essence, what direction the interview is to go. Both the interviewer and the informant realize the interview is to go somewhere and provide certain types of information. It is important that each time an interview is conducted, the interviewer reminds the informant of the purpose of the interview.

Ethnographic Explanation

The ethnographic explanation involves continuously giving explanations to the informant about the process of the interview. For example, the ethnographer may tell the informant the interview will be videotaped so that

important information will not be overlooked by the ethnographer. It is important that the ethnographer inform the informant about the purpose of the study.

Ethnographic Questions

There are three main types of ethnographic questions: descriptive, structural, and contrast. Usually, these questions follow the order of descriptive questions being asked at the beginning of the interviewing process, while the contrast questions are asked toward the end of the ethnography.

Descriptive questions. Examples of descriptive questions are grand tour questions, mini-tour questions, and native-language questions. Grand tour questions are similar to getting the grand tour of someone's house. These questions help the ethnographer gain general information about the topic being studied. For example, a grand tour question for this study may be "Could you describe the clinic for me?" Grand tour questions may be vague and general, such as the example question, or they can be a bit more specific. For example, "Could you please describe the process of doing the paperwork at the clinic for me?"

Because the response to a grand tour question will most likely vary greatly from family to family, mini-tour questions need to be asked. Mini-tour questions are

formulated as a result of the information generated by a grand tour question. If a family mentioned that they felt uncomfortable in a therapy room equipped with a camera and a one-way mirror, the ethnographer may ask them, "Please, could you describe the location of the camera and the mirror in relation to where you were seated?" Mini-tour questions are the same as grand tour questions, except that they use the response to the grand tour questions to elicit more information describing the place, setting, and/or location.

Native language questions are another form of a descriptive question. These questions help the ethnographer learn the language used by the informant. For example, a native language question asked in this study was, "Please tell me how you refer to what you do here at the clinic?" Such a question will help the ethnographer understand what term, or terms, are used to describe the therapeutic process. Some responses were counseling, family therapy, and getting help for our communication. These questions are important because they enable the ethnographer to establish a more relaxed relationship with the informants.

Structural questions. It is important to realize that although descriptive questions are usually asked first, once some information is gathered, descriptive and

structural questions should be asked concurrently. Structural questions are used to gather specific information about the topic at hand. The types of structural questions are verification, cover term, included term, substitution frame, and card sorting.

Verification questions are used to verify any hypotheses that an interviewer may have about the topic being studied. For example, if the interviewer is hypothesizing that the informant believes that counselors, therapists, shrinks, and/or psychologists do the same thing, the interviewer may ask "Do therapists, counselors, psychologists, and shrinks perform the same tasks?" It is important that such questions be addressed because it is believed that people have different beliefs and experiences about such distinctions.

Cover term questions are related to verification questions in that they can help the interviewer differentiate labels for items given by an informant. Following up on the preceding example, an ethnographer may ask, "Are there different types of therapists?" If the answer is yes, then the ethnographer can begin to learn more about the informants belief system of, say, therapists.

Included term questions help identify items that are considered the same by an informant. Building on the

therapist example, the ethnographer may find the informant saying that there are family therapists, individual therapists, and sex therapists. The ethnographer may then ask if these professions are considered the same by the informant. Although similar to verification questions in content, included term questions are looking for terms that the informant feels are equal; whereas, verification questions are asked to confirm/disconfirm a hypothesis.

Substitution questions are used when included terms about a topic are discovered. The purpose is to further learn and verify information given by an informant. If, say, the informant states that counselors and therapists are the same profession, then the ethnographer when asking questions will use these terms in a substitution manner. It is possible that sometime during the interview the informant may draw a distinction between the meaning applied to each term, giving the ethnographer further information.

The final structural questions that can be used are card sorting questions. These questions often result from a list of related terms being constructed by the ethnographer. For example, the ethnographer may have a list of different tasks that a therapist, according to the informant, may do during a therapy session. The ethnographer may then give the list to the informant and

inquire, "Which of these tasks would a therapist do, and what would a counselor do?" (See Table 2.)

Contrast questions. If, and when, an ethnographer begins to obtain a great deal of information from an informant, contrast questions can begin to be addressed. Typically, cards similar to those used in the card sorting structural questions are used in the contrast questions. Many types of contrast cards can be utilized. When differences between two related terms are discovered and the ethnographer has a hypothesis about the differences, duties or tasks involved with the terms can be presented on cards and the informant can distinguish which tasks fit with a certain term (contrast verification questions). Direct contrast questions begin with a single contrast term, and asks the informant to identify other terms in contrast to that term. Frequently, the ethnographer will want to learn differences between terms without suggesting that differences between terms exist (dyadic contrast questions). The informant is simply asked if differences exist between the terms. Once enough information has been gathered, and the ethnographer can identify three terms that may be similar, the ethnographer can ask the informant which two are alike and which one is different (triadic contrast questions). When the ethnographer has been able to identify a great many similar and different terms

(contrast set) the ethnographer can then place the terms on cards and ask the informant to sort the cards according to how they are alike or different (contrast set sorting questions). Once the ethnographer feels that he/she has learned a great deal from the informant, the ethnographer can think of a term in a contrast set and play the game of twenty questions with the informant (twenty questions game). With the informant asking questions in an attempt to discover the term held by the ethnographer, the ethnographer can better understand how the informant has organized the information regarding the topic being studied. Again, when the ethnographer feels comfortable with the information gathered from the informant, the ethnographer can begin to ask informants to rate terms and/or symbols (rating questions). Rating topics may possibly address worst, best, easiest, most difficult, or whatever rating scale can be applied. It is possible that the ethnographer can tease out new insights about the topic being studied.

General Feedback Questions/Improvisation

Because the ethnographic interviews conducted during this research project were semi-structured, opportunity was given to the interviewer to pose questions regarding the actual therapy process and any questions that may seem pertinent with each specific family. Since no two families

were likely to respond to the interview in identical ways, it was recognized that the interviewer would need to improvise in the type of questions asked of the family.

Ethnographic Interviews

The following is a description of the process and purpose of each interview. It must be emphasized that the steps of each interview are used simply to give the interview some structure, and assist the family and interviewer in fulfilling the explicit purpose. The questions used in the following ethnographic interviews were developed utilizing the style of questions that Spradley (1979) felt were important to ask participants (i.e., descriptive, structural), and specific questions that may have benefited Kuehl's (1987) research project if they would have been asked during the therapy process (i.e., "Do you feel your therapist is meeting your needs?"). However, other spontaneous questions may be asked during the interview; the interviews will not be limited to the questions outlined here.

Ethnographic Interview 1

Ethnographic Interview 1 (ET1) can be divided into three steps: ethnographic explanation, explicit purpose, and descriptive questioning.

Step 1: Ethnographic explanation.

As you can see, we are going to be videotaping our interviews. We do this so that the information you give us can be reviewed by the clinical staff in order to deliver a more quality service. As you already know, the mirror is for the team of therapists to watch the therapy process. During the interview, a team and your therapist may or may not be viewing. It often times depends on how busy the schedule is, but the information will be reviewed and your suggestions will be taken seriously, as will your compliments. Such interviews seldom last more than twenty minutes.

Step 2: Explicit purpose.

The purpose of these interviews is to help us learn more about the therapy process from your perspective and hopefully deliver a quality service to families. However, to do so, we feel it is important that we learn from you and not make assumptions about what is good and bad here at the clinic. We anticipate that we will have about three such interviews with you during your therapy process so we can learn more about therapy, as well as our strengths and weaknesses

during the entire process, not just at the beginning or at the completion. Before we begin, do you have any questions?

Step 3: Descriptive questioning.

-If I were a friend who was interested in doing what you are doing here at the Family Center, how would you explain to me the physical appearance?

-Could you please describe the process you went through from the time you parked your car until now, please be as specific as you can?

possible topics

-door locked

-paper work

-mirror

-camera

-What do you believe is the purpose of the _____?

-How would you describe to someone the interior layout of the Family Center? How about the room we are in?

Step 4: Native language questioning.

-How do you refer, amongst yourselves, to the Family Center?

-What do you call what is done here?

-these questions should be asked if they have not made a reference to therapy yet.

-What do you feel is the role of a _____?

-using the family's language continue
to probe into the role until the
answers become redundant or no more
questions need to be answered

It is anticipated that the entire length of time for ET1 will not exceed 20 minutes. Following ET1, the interview will be re-examined by the ethnographer and therapist/team to identify any immediate areas that may need to be addressed by the therapist (e.g., reservations about the team approach). The ethnographer will then conduct a domain analysis of the interview. With such information the therapist can then recalibrate him/herself to better fit the family's perceptions of therapy.

Ethnographic Interview 2

Ethnographic interview 2 (ET2) will be able to build on the information gathered in ET1, since the ethnographer will be more aware of the language used by the family, and the family will be more aware and knowledgeable about their feelings toward the therapy process.

The ethnographic explanation will begin with a summary of the previous interview and will address any questions the family may have regarding the interview process. By this time the ethnographer should have a grasp on some of the language used by the family, and should be able to

begin to ask descriptive and structural questions simultaneously. Furthermore, the ethnographer can begin to focus in on the purpose of the interview, the therapy process and service delivery. The focus will then be on the actual therapy process, rather than the pre-therapy processes as was the case in ET1. For example, the building and room characteristics will no longer need to be addressed, as well as the paperwork. The focus can be on the therapist, team, both, and/or style of therapy. This interview should give the therapist and team a good indication of how they can best fit the family's perceptions about how therapy should be conducted, and what may be "good" therapy. In essence, the family's semantics regarding the therapeutic process should become more clear, and the therapist should be able to recalibrate him/herself to fit the semantics of the family. Following the interview, again, the immediate concerns of the family will be noted and acted upon. The ethnographer will then conduct another domain analysis and relay this information to the therapist so that the therapist can attempt a better fit with the family. The following steps will be taken during ET2.

Step 1: Ethnographic explanation.

- Summarize previous interview
- Ask if there are any questions

Step 2: Explicit purpose.

As you recall the purpose of these interviews is to learn more about family therapy from your perspective and help us deliver a more quality service to families. Since you seem not to have any more questions regarding this process (if they ever had a question), I think we will begin.

Step 3: Structural questions.

- Do _____ do the same things as a counselor, therapist, or psychologist?
- What is the difference between _____ and say a counselor, therapist, or psychologist?
- do one occupation at a time

Step 4: Contrast questions.

- How do you think your _____ is doing in comparison to other _____?
- Is he/she doing similar or different in comparison?
- What is similar?
- What is different?
- What makes a good _____?

Step 5: Verification questions.

- How do you know if your therapist is or is not meeting your needs?

-If you were to describe your process here to some friends, how would you tell them that you knew your needs were or were not being met?

Step 6: General feedback questions\improvisation.

-To date, do you feel you and your therapist are making progress?

If yes:

-How have things become different?

If no:

-What do you believe your therapist could do to start things moving in a positive direction?

-Is this Family Center meeting your needs, so far as you can tell?

Ethnographic Interview 3

Ethnographic interview three will occur sometime after session seven, and it may be conducted upon termination of the case. The following steps will be taken.

Step 1: Ethnographic explanation.

- Summarize previous interview
- Ask if they have any questions

Step 2: Explicit purpose.

As you know, these interviews are conducted to learn more about family therapy, and how we can deliver a more quality service. Since you have

been here a few times, you are in a position to give us information regarding the process in an overall, general sense. We appreciate your taking time out to give us such feedback. The purpose of this interview will be to learn about your experiences here at the clinic, and what we could have done better, and what we did that you felt was beneficial (explicit purpose).

Step 3: General feedback questions\improvisation.

Generally, this step should allow the family to free associate about their experience in therapy, good and bad.

Possible questions may include:

- How could your therapy experience been made more positive?
- How would you describe your positive experiences here at the Family Center to a friend, neighbor, or co-worker?
- How would you describe your negative experiences here at the Family Center to a friend, neighbor or co-worker?
- What is the one thing that stands out most about your therapy experience?

Primary Analyses

Since the purpose of this project is to search for indicators of fit between the expectations of clients

regarding therapy and the service delivery of the therapist, the transcriptions of the ethnographic interview will be examined for client's expectations of therapy, and suggestions and hints that joining is occurring or is not occurring.

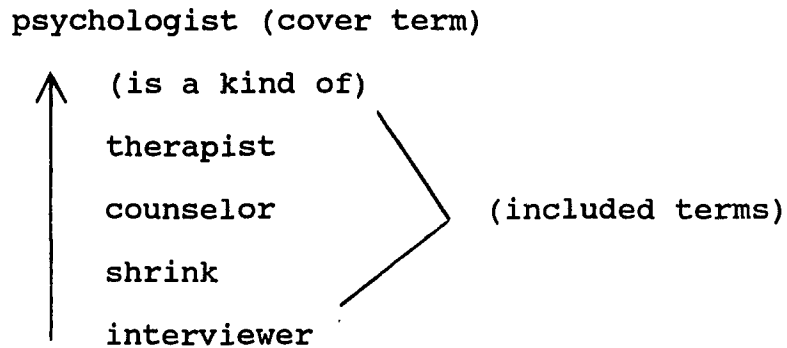
Werner and Schoepfle (1987) stated that ethnographic interviews can include any formal, informal, or casual questions, and can confirm or disconfirm any observations made by the interviewer. Furthermore, one role of an ethnographer is to search for recurrent themes generated by the interviewees (Werner & Schoepfle, 1987). Although Spradley's (1979) DRS was used to give direction in the interview process and secondary analyses, the primary analyses will focus on themes generated by clients regarding the therapy process. More specifically, the families' expectations of therapy and indications that an isomorphic relationship has or has not occurred.

Secondary Analyses

Pre-domain Analysis

The pre-domain analysis is a method for discovering the semantic relationship between folk terms and the meanings attributed to the terms (Spradley, 1979). The first step of the pre-domain analysis is to transcribe the interviews, and begin searching for folk terms that are used as nouns. The second step is to then find other nouns

that can be used as cover terms and/or included terms. For example, therapists, counselors, shrinks, and interviewers may all be considered by a family included terms for the cover term psychologists.



Domain Analysis

Once the nouns describing the therapeutic process have been identified, the ethnographer can then begin formulating ethnographic hypotheses and questions for the next interview. For instance, are the duties of a therapist equal to a counselor, and what makes them a kind of psychologist? (verification and cover term structural questions). The second interview can then be conducted with knowledge of the language used by the families. Hopefully, in learning more about how the language is used, the interviewer can begin to learn how the family differentiates between kinds of psychologists, and what the family is expecting from their therapist (explicit purpose).

After the second interview is completed, the ethnographer can then begin to tease out the different roles that, say, a counselor and therapist do and do not share. For example, from a family's perspective a counselor may be able to do psychological testing and a therapist may not, but both help individuals and families with problems. Typically, such relationships are examined by attempting to identify one of the following relationships:

X is a kind of Y

X is a place in Y

X is a result of Y

X is a reason for doing Y

X is a place for doing Y

X Is used for Y

X is a way to do Y

X is a step in Y

X is an attribute of Y. (Spradley, 1979, p. 111)

Since the focus of this project is not on ethnography per se, such relationships may not exist in abundance. The role of Spradley's (1979) DRS is to provide direction and organization during the interview and analysis. It is hoped, however, that such relationships will help fulfill the purpose of the Re-Search Model, that is to provide a better fit between family and therapist.

CHAPTER THREE.

PRIMARY RESULTS

Sample

Interview Statistics

A total of nine families were interviewed resulting in 16 interviews. Of the 16 interviews conducted, 13 were transcribed for research purposes. Due to technical difficulties, three interviews were not able to be transcribed. Two families were interviewed three times each. However, the first interview was lost for one family. Three families had two interviews each, but with two of these families the first interviews were lost. Four families had one interview each and none were lost. The names of all clients reported here have been changed to protect confidentiality.

Ethnographic Interview One

LaRosa Family

Natassia and Bill LaRosa are 45 and 41-years-old respectively, and have been married for two and one half years. Natassia has two daughters from a previous marriage, who are not living at home. The combined annual income of the LaRosa's was approximately \$16,000.

The presenting problem was marital difficulties, but both Bill and Natassia were vague about the specifics of their problems. They are separated and were seeking

information regarding whether they should try to continue their relationship or terminate it.

Bill and Natassia attended five therapy sessions, and the ethnographic interview followed session four. However, when Bill failed to attend session five, Natassia decided that the marriage was over and terminated therapy.

Natassia did not inform Bill and he showed up the following week and needed to be informed by the therapist of Natassia's reaction to his absenteeism of session five. Bill stated that he agreed with Natassia's decision and he did not want to continue the therapy sessions. The following is the transcription of the LaRosa ethnographic interview which followed session four.

Ethnographic Interviewer (ET): We will be videotaping this interview, like everything else, and basically we do this so we can give a better quality service, improve where we need to improve. You know the mirror is here and Mike may or may not be back there. Probably he is taking care of things with Anya. These interviews seldom last more than twenty minutes so it should be real short. The purpose is number one to learn about the therapy process from your perspective. Although we are therapists, doesn't mean we know everything about therapy. And the experts are really the people

who go through therapy, not us. We can believe certain things, but that doesn't necessarily mean it is true. We don't want to make assumptions, we would rather get it straight from you. We don't want to make assumptions about how to proceed and we want to learn about our strengths and weaknesses and I will probably do two of these interviews, one now and one in probably two more weeks do another one. Any questions so far?

Natassia: No.

Bill: No.

ET: First question, basically, if I were a friend interested in doing what you are doing here how would you explain first off the physical appearance?

Natassia: Of the building and everything?

ET: Of everything, campus.

Bill: Very nice.

ET: Very nice?

Bill: Very nice, that's my opinion.

Natassia: How would I explain it?

ET: Yes.

Natassia: Well I would say it's right off of 287, it's a really neat building in front is where the family therapy center is with the big copper top on it, and in the back is where the hospital or whatever that

deal is. I probably go into too much detail, but that's the way I am. I used to sell real estate. Like I say it's very nice.

ET: So when you say it's right off of 287, it's easily accessible?

Natassia: It's right off. It's real easy to get to. Yes, that's what I'm saying.

ET: Could you describe the process you went through the first time you were here? (To Natassia) The first time you were here.

Natassia: Yea, the first time I was here I was here (meaning the specific room).

ET: The first time you were here. From the time you left the car until you got in the room and talked to me.

Natassia: What did I think?

ET: Yea, what was the process you went through?

Natassia: Well I opened the door, got out of the car, opened the door and walked in and filled out some papers.

ET: How was the paperwork?

Natassia: Very simple.

ET: Simple.

Natassia: Huh huh.

Bill: Good that she filled them out and I didn't.

ET: Why's that?

Bill: Paperwork is hard for me, I don't care what it is.

That's why when I took the F-COPES I looked at the first question and I said, "I'm going to start from the behind." I did, I started from the last and went to the first.

ET: Went backwards?

Bill: Yea (laughs).

ET: A lot of times you have to do that. How would you explain the interior layout of the Family Center?

Bill: How would I explain it?

ET: Yea, both of you.

Bill: I don't think we've been on a tour, for me.

Natassia: Well I

Bill: For me I wouldn't really know.

Natassia: Well I would explain it is....

Bill: Other than what I have been in.

ET: O.K. How about what you have been in.

Bill: I think it's fine.

ET: O.K.

Bill: Adequate.

ET: (To Natassia) Go ahead. There are no right or wrong answers here.

Natassia: Oh, I know I'm just afraid I will get into more detail.

ET: That's O.K.

Bill: But if someone asks me I'll tell them you can't smoke in there.

Natassia: (Laughs) I would just explain it as basically there is a round rather large entrance like waiting room where the secretary, receptionist is and that's the waiting room. The halls off of the waiting room have little rooms for therapy.

ET: There is no right or wrong answers. So you can go into as much detail or less detail as you want. That's alright with us. What do you believe the purpose of the Family Center is?

Bill: To help people.

Natassia: Yea, basically.

ET: How do you refer between yourselves to the Family Center? How do you talk about this place?

Natassia: I don't think we have talked about this place.

Bill: How I refer to it is counseling.

ET: Counseling?

Bill: Huh, ha.

ET: O.K.

Natassia: I normally say therapy.

ET: O.K.

Natassia: Or I guess I say we are going to a marriage counselor so I guess I would say either one.

ET: They are interchangeable?

Natassia: Yes.

Bill: Well I have mentioned that it is a rather large adolescent center, also.

ET: O.K. So attached with the Family Center there is this other big entity out there.

Bill: Which that to me is wonderful because....

ET: How so?

Bill: How so?

ET: Yea.

Bill: Because I believe the earlier you start, my personal opinion, start with children the better off they are. And I mean very, very early.

ET: Boy I wish you would tell some parents that. Last question for tonight. You refer to Mike as a marriage counselor or counselor you said (to Bill) is that right?

Natassia: Hmm, hmm.

ET: What do you feel the role of a marriage counselor is? What is a marriage counselor suppose to do?

Bill: I think that...my personal opinion is that he is here to hear us and decipher from what he hears from us possibly a direction he could lead us into. A positive direction.

ET: O.K. Someone in Mike's position or Mike himself is suppose to take, I want to make sure....

Bill: Or if he comes right out and says, "No hope." You know, then huh (laughs).

ET: O.K.

Bill: I think possibly his position is to decipher from our sessions where we are going or where we want to go in a positive way.

ET: More or less give you direction?

Bill: Maybe help us find that direction. We may not know. Obviously we don't (laughs).

ET: (To Natassia) Yourself?

Natassia: That's wonderful! I will go along with what he said I would have added a referee at times.

ET: A referee?

Natassia: Yea (chuckles).

ET: You need to bring in your boxing gloves. That's about all I have for questions tonight. I will be back in two sessions to ask you some more detailed questions. I do that so you have more time here to be more critical of us.

Natassia: O.K.

ET: O.K. That's all I have for tonight. I thank you very much.

END OF INTERVIEW

Smith Family

Joyce and Bill Smith are 31 and 34-years-old respectively, and have been married seven years. Rose and Ken are the biological children of Joyce, and are 13 and 14 years old respectively.

The presenting problem was that Rose had sneaked out of the house one night and Joyce and Bill wanted help solving the problem before it became more severe. Joyce and Bill felt their family lacked quality communication, and that Rose could possibly have a low self-esteem. The approximate annual income of the Smith family was \$18,000.

The entire family attended three sessions. The Smith's self-terminated because they felt they no longer needed therapy because they had learned how to deal with their problematic situations positively. The following is the transcription of the Smith ethnographic interview which followed session two.

Ethnographer (ET): What we do here at the Family Center is periodically I or Dr. Thomas will come in here and talk to you following a session, basically to see where our strengths and weaknesses are, and I believe this is the second time you have been here and I know you can't elaborate on what's good, bad, the positives, negatives. But I decided to come in right away anyhow because that way I can get a feel for such

things as location of the building, building itself, paperwork, and so on. Is it bad or good, and your feelings about that. I will probably come back in two or three sessions and talk to you myself. That's what this is for. We just opened up June first last year and we know we can improve, we make no claims at being the best. We want feedback of where we can improve. One result is that we have signs, clients were telling us they had no clue of where to go, so we could go to administration and tell them clients are telling us we need signs. So that's why I'm in here and I will periodically come back in here to talk to you. O.K. Try to pretend that hypothetically I don't know anything about this place. If I were like a neighbor or someone, and I asked you about the Family Center, how would you explain this place in a general form?

Bill: From what I know now?

ET: Yea.

Bill: I would say it's a place where I can go and do all kinds of things from real simple counseling sessions, increase family communication skills, and improve family dynamics to more severe behavioral problems.

ET: So a whole range of things?

Bill: A whole range of things, at least that's the impression I got. We asked Dr. Thomas last week and he explained that to me.

ET: We see quite a range in here. Anybody want to add something?

Rose: It's a place where you go to talk to people to help you sort out things.

ET: Sort out things?

Rose: Problems.

ET: Sort out problems? Make them more clear?

Rose: More clear and organized.

ET: O.K. The process, the first time you came here from the time you parked your car until the time you actually got in the room. What would you tell someone if someone was thinking about coming here, what is the process they would have to go through?

Bill: Simple.

John: Real simple.

ET: Simple? What makes it simple? I'm interested in that because we want to keep it that way.

Bill: Well number one is that there was not a big demand for real accurate and conscientiously filled out financial statement. It was simply O.K., lets talk about it, the first time it is free anyway that made it real simple. Really, we called on the phone and it

was fill out a couple of forms and we came in.

ET: So paperwork wasn't overwhelming?

Bill: I didn't think it was.

Joyce: No it wasn't.

Bill: And the parts that we didn't fill out we just waited
until our questions were answered and then filled
those parts out to.

ET: O.K.

Bill: And we did know where to go because of the signs.
We read the signs.

Joyce: Yea, I called the Center.

Bill: Yea, she did.

Joyce: Because of the signs I had seen and that's how I
knew.

ET: So the signs did help?

Bill: Yea, and we didn't go back to the big building.

ET: So there was no problem finding the place?

Bill: No, we don't live too far from here so we know this
pretty good and that may have something to do with it.
I like that roof!

ET: You like the roof?

Bill: Except this one side. That treatment up there I
would have done just a little bit different.

ET: (Pointing) The other side?

Bill: Yes, they subjugate all that roof for air conditioning. When I saw this place go up I said, "This is great! This is great! Oh my God your not going to...." I study architecture, and I work in the field so I have sensitivity to that and I notice those types of things. You may feel the same way.

ET: They had just the air conditioner setting up there for the longest time.

Bill: Yes.

ET: At least they put some boards up there.

Bill: Well, it was amazing. For what they could do they did it and they did what they had to do. I'm not critiquing your building but....

ET: Oh we have critiqued it.

Bill: It's noticeable, really beautiful, especially coming up this way, its still a really attractive building coming from that way. Still, I would have done, possibly a little different treatment around that area other than rafters, just beams up there.

ET: Well actually they should just take the building and turn it. This is the front and you can't see it coming up the highway.

Joyce: Yes.

Bill: Not only that, you could have had solar panels up there and taken advantage of all that space. It was

designed perfectly, it's just oriented to the site in such a way that it can't take advantage of the solar. Well, that's west, that's not too bad but it would've been better on the south side.

ET: Well, while we are on physical appearance, how about the interior? The layout of the inside how is that?

Joyce: It seems nice, especially the chairs.

ET: Comfortable chairs?

Rose: Yea.

Bill: It's not so elegant that you are not comfortable. It's not like a real high price psychiatrist or psychologist office, but not a place that would make me uncomfortable.

ET: So we are in the middle of the road?

Bill: Yea, the building is real pretty and well built.

Joyce: It looked affordable.

Bill: It looked affordable.

ET: What in your opinion is the purpose of, say, the Family Center? Our purpose?

John: To help families.

ET: O.K.

John: Simple.

Bill: Well, now that I have gotten here there is a little more to it than I thought. To help families like ours who couldn't afford to go and have a \$70-\$80 per hour

psychiatrist to do the work that is necessary, even simple work like this is expensive, it would be twice as expensive to go to psychiatrists or psychologists. I think you mainly use psychiatrists. Do you all use both?

ET: The staff is marriage and family therapists. They are not in that category.

Bill: So outside of this it seems even at \$35 is affordable way to do this kind of work. I didn't realize that is part of what you are trying to do?

ET: Yes, it has been set up that way. How do you refer amongst yourselves about coming here? What do you call coming here? Everybody has different terms for when they arrive here.

Joyce: I said today, "Don't forget our appointment tonight with Mary." That's all I said. I didn't really refer to it in a any sort of way.

ET: So you refer to it as going to see Mary?

Joyce: Today.

Rose: I refer to it as Willow Creek.

Joyce: Willow Creek, yea, that's right.

Rose: That's how I refer to it.

ET: O.K. What would you call what is done here?

Joyce: Family therapy.

ET: O.K. (To everyone) Family therapy?

Bill: Yea, I guess so, counseling is more how I thought of it, but I guess therapy is another word for it.

ET: Last question, last topic I should say. Lets say whoever is sitting in this chair, and for your family, that's Mary. What do you feel that person's role is for your family?

Joyce: Help us bring our thoughts together, sort our inequi....

Bill: Inequities, is that what you are trying to say?

Joyce: Inequities, yes, too late for me.

Bill: What I thought was an objective, guidance counselor, communication, objectively guiding us to what we know already know is our goal and that is to work and help me guide them as they grow up. So I want that person whoever is sitting there to try and help me let them become happy intelligent adult people.

ET: Like a tour guide?

Bill: Yea! I was talking with John about if somebody came to me and wanted a building built I wouldn't expect them to know everything about building, what I would want to know is all the things they want in the building. Similarly, I don't know everything about human psychology, I know very little about family dynamics in terms of study. So here I want that person to use those skills and that experience to help

us, be our guide for awhile, achieving those goals we've set out over some period of time.

ET: O.K. That's fair. Anybody else?

John: That's it!

ET: Well alright, any comments?

Bill: (To Rose) What do you want this person to do?

ET: What do you want this person to do? I'm not picking on you.

Rose: I guess help me, or help us, help my parents with what they want to do like communication, just help us.

ET: Help the whole family?

Rose: Yes.

ET: Any suggestions for us or comments?

Bill: Not now, but I'm sure as we go along I will.

ET: I will be back to talk to you in a couple of sessions down the road. Then you will be more familiar with this place.

Bill: One comment. It's you, how long before you get all this off you?

ET: Three weeks for this (pointing to arm in cast), six months for this (referring to body jacket).

END OF INTERVIEW

Shinkleworth Family

Jed and Amy Shinkleworth are 30 and 24-years-old respectively, and have been married approximately five and

one half years. Their two sons, Thomas and Fred are four and one half, and 18 months, respectively. Jed and Amy had a combined annual income of approximately \$31,000.

The presenting problem was marital difficulties. Jed had been charged for assault after an argument with Amy which resulted in her being physically abused (thrown to the ground). Jed was suspended from work pending the judge's decision concerning this case. They wanted to improve their communication and parenting skills. Also, Amy would not allow Jed to move back into the house until he could convince her he could control his anger.

After four therapy sessions Amy and Jed were planning his return to the household, and were being transferred to another therapist. The ethnographic interview followed session three. The following is the transcription of that interview.

Ethnographer (ET): This is the first step for us to increase the quality of services we provide. When you go to most places you get a single therapist who has no one to consult with. You pay him one hundred dollars an hour to sit there and not know whether or not he or she has been making errors, mistakes, missing things et cetera. This really helps us and it helps other families everything you say here is between us and I want to find out your honest opinion

of things. We want to deliver a quality service and it is part of our therapy process to find out our strengths and our weaknesses. O.K. I have a grand tour type of question here. If I were a friend who is interested in doing what you are doing here at the Family Center, how would you explain to them the physical appearance?

Jed: The inside or outside?

ET: Yea, whatever, how would you describe it?

Jed: I think it's really beautiful atmosphere outside and it's really well kept inside, it's well laid out, it's well thought out evidently. I would recommend it.

Amy: Yea, except for that (pointing to camera).

ET: O.K.

Amy: I'm getting used to it.

ET: I never know it's there.

Jed: Of course not.

ET: And I do almost all the supervision here and I even forget it when I walk in the room. O.K. Can you describe the process to me, I know what it is, but you describe in your own words from the time you parked the car until right now, be real specific. What happened? Strengths and weaknesses do you see. Maybe each of you has a different perception.

Amy: Well, what do you mean describe the process?

ET: You pulled up here, parked the car and then what did you do, what did you do....

Jed: I think it is kind of friendly. I mean we walked in the door.... When I called on the phone to get directions I knew where the place was.

ET: O.K.

Jed: I mean I worked, and we both lived here all our lives and I worked out in this area for years, and she told me right where to go.

ET: O.K.

Jed: Right to the door, and I talked to her on the phone, maybe twice, big smile. You know, and now it's like, "Hi, how are you doing?" when we walk in. She knows us by name. You know, "Sit down and make yourself comfortable for a few minutes and then we will get started."

ET: And you guys come during the daylight, right?

Jed and Amy: Yea.

Jed: I've never seen it in the dark.

ET: Yea. We get a lot of different comments from people...you skipped immediately from the car to coming to the door.

Jed: Oh yea! They don't like coming in in the dark.

ET: Yea, different things happen, it may be different.

What's your perception of things? We got you into the

waiting room now, have you got anything else that you would add?

Amy: We come in here and I feel I can talk real openly with Tracy. He just told us he was leaving.

Jed: That's a shame.

ET: Yea, it seems you always lose good people.

Amy: You're probably just as upset as we are.

ET: It's tough to replace somebody that is doing a good job.

Amy: I like what's going on except for that (pointing to the camera), but like I said I am not thinking about it as much anymore. I've explained it to friends and when I think about it it does make sense.

Jed: I think it's great. I don't like setting here and looking at it, but I think it's great. Like if he leaves, we haven't talked to anybody else yet, how are they going to know, what are we going to start over again?

ET: Hmm, hmm.

Jed: I think that is a major advantage of this place over someplace else.

ET: What is that, explain it to me?

Jed: The video. It freezes it, you got it for whoever else who comes in. I don't like it, like she says, and it's hard to get used to.

ET: But you might not have to have a therapist who starts from scratch.

Jed: Why start over again?

ET: What do you call this, when you come here? What do you call it, what's your word for it, a phrase?

Amy: Marriage counseling.

ET: (To Jed) Is that what you call it?

Jed: Counseling.

ET: Yea, people call it many different things so it's marriage counseling and counseling. What do you believe is the purpose of marriage counseling?

Jed: I feel like...think it is to help us work out things we can't work out on our own. I think she had a different idea of it last week.

Amy: What?

ET: What was your idea Amy?

Jed: You thought we were going to come in and he would tell us if we were compatible or not.

Amy: Well, I mean....

Jed: Stereotypical?

Amy: Well that's what I thought. He was asking us questions that I thought he should be telling us answers to.

ET: Oh, O.K.

Amy: But...that's the same thing. You're here to try to help us communicate.

Jed: You thought it would be more cut and dried than it was.

ET: O.K. How would you describe the interior layout of this building if somebody asked you, the parts you've seen.

Jed: Well, I've only gone from this room to the bathroom (laughs). It's clean and it's open and comfortable.

Amy: I like it that you have things to read.

ET: O.K. Things to read, getting here easily, moving around the building, it's only one hallway.

Jed: Yea, it's like they don't stop you. Stop at this door. You know?

ET: If somebody else was in here we might.

Jed: Well yea.

ET: Other than that we probably wouldn't.

Jed: It's open and comfortable and I don't feel uptight at all.

ET: You have given us many, many, different descriptions. This is just what we need to learn. We have had grandparents and children ask us what they think of it. This is a big place to an eight year old.

Jed: It's not real confined by any means. Then again I don't have any need to go from here to there.

ET: O.K. It's easy. Once you're in the door it's easy to find your way around. Once you've done the navigating down the access road.

Jed: I'm sure if we would have any questions she would help us out (referring to receptionist).

ET: O.K. Last question, an easy one. Like I say these are the beginning questions to find out your perceptions of things. What do you call Tracy?

Amy: Tracy.

ET: Yea, but let's say I'm your buddy and I say, "Who's this Tracy Todd guy?"

Amy: Marriage counselor.

Jed: Counselor.

ET: O.K. Some people call them therapists and doctor. What do you think his role is? You've kind of touched on that already. What is the role of a marriage counselor?

Jed: Like I said, it's to help us get through situations or problems we can't work out on our own.

Amy: Kind of a mediator. Especially right now. It's not easy to hear something from him (referring to Jed). Whereas somebody else who is unbiased, it's easier to hear it from him when he steps in.

Jed: Sometimes he is the instigator, sometimes he wants to stir things up. I mean he doesn't come in here and

make us mad at each other, but he gets us thinking about things we were not thinking about before.

ET: He instigates things, mediates?

Jed: Positively instigates (laughing).

ET: O.K. Anything else you use to describe what his role is. There are no wrong answers we are just trying to find out your perceptions.

Jed and Amy: No.

ET: Someday after we do a large number of these, I'm going to ask what they think my role is. Because I often wonder if you think, "Who is this guy, what's he doing in here?"

Jed and Amy: (laughter).

END OF INTERVIEW

Brown Family

Candy Brown is 47-years-old, and has been divorced for two years. She has three children living at home: Chip (19 years old), Sam (18 years old), and Debbie (16 years old). Candy's annual income is approximately \$29,000.

Candy was asked by her school supervisor to seek counseling because she was frequently crying at work, and could give no apparent reason for this behavior. Her presenting problem was that she has not been able to live the "good" life since her divorce. Candy also stated that

she wanted more help from her children regarding household duties, and she wanted to begin dating.

At the time of terminating data collection, the family had attended four therapy sessions. The prognosis was positive because Candy stated that she was feeling more comfortable with therapy, and things were changing at home. The following is the ethnographic interview that followed session three.

Ethnographer (ET): Let me tell you what we are doing here, you know all about the videotape.

Candy: Right.

ET: And I have my notes here.

Candy: Right.

ET: Basically we try to get your feedback about our services so we can try to provide a more quality service. We know there are areas of improvement and all your suggestions will be take seriously.

Candy: Right.

ET: We need to know from your point of view what it is like to come to this place and go through therapy. We want to learn our strengths and weaknesses so we can take care of them. Probably I will do another interview maybe next week. Are you coming back next week?

Candy: I am, but they are not (pointing to Chip and Debbie).

ET: I'll probably interview you next week. We usually don't take more than twenty minutes. Any questions so far?

All: No.

ET: The first question is basically, If I were a friend interested in doing what you are doing here at the Family Center how would you explain to me the physical appearance?

Chip: Nice place, air-conditioned, comfortable atmosphere.

ET: O.K.

Chip: It's clean.

Candy: It's clean, I wouldn't have the walls gray though.

Debbie: Gray? They are cream.

Candy: No, they are gray Debbie, it's just kind of closed in. Not exactly depressing, but I would have chose cream or something.

ET: Sterile?

Candy: What? The walls, yea. It's not a big issue.

ET: O.K. Could you describe the process you went through the first time you were here from when you parked the car until you saw me?

Candy: Everyone was very cooperative, willing to help, and even go out of their way. I felt even in the process

of paying they were willing to be flexible so the services would be available to me according to my salary. They didn't say, "You can't pay this amount then we can't see you." They were flexible.

ET: How about the paperwork?

Candy: It was no big deal.

ET: How would you describe the interior layout?

Candy: You mean the inside?

Debbie: The interior.

Chip: You mean like the carpet and stuff?

ET: Yea, the rooms, what are major characteristics that stand out, or that we could do without.

Candy: Change these walls. I think it would be nice if you could have the windows open so you could look out.

ET: We would like to do that, but it may breach confidentiality.

Candy: Oh, O.K. Alright.

ET: Someone could peak in and see you.

Candy: Alright.

ET: That's the reason.

Candy: Yea, O.K.

ET: Anything else?

All: No.

ET: What do you feel is the purpose of the Family Center?

Debbie: Help us get through problems.

ET: Clear up the problems?

Debbie: Yea.

Candy: With the family as a unit. The strength of the family.

Chip: Same thing.

ET: How do you refer, amongst yourselves, to the Family Center before you come here.

Candy: We just say, ah....

Chip: Don't forget next Tuesday.

Candy: We say at Willow...we just say we are going to Willow Creek.

ET: Willow Creek?

Candy: Yea.

ET: What would you call what is done here?

Chip: Counseling.

Debbie: Counseling.

Candy: Counseling, guidance.

ET: Mike's your therapist?

Candy: Right.

ET: What do you feel the role of Mike is?

Chip: To help us get through our problems and suggest better ways of working out our problems, maybe.

Candy: That's what we are looking to him for.

Suggestions, ah, as Chip said, clear up problem areas.

ET: So you are expecting him to give you suggestions?

Candy: No, no, we are looking to him in this light.

ET: I'm a bit confused as to what he is suppose to do.

Candy: O.K. We are just looking. For example, you take your car in, there is a mechanical problem you need you brakes fixed. Well, you go to have that problem eradicated, eliminated. So we are looking for suggestions.

Debbie: Of ways to solve our problems.

Candy: To have ways of solving a problem.

ET: O.K. I have it. Does anyone have any further comments, suggestions, or answers?

All: No.

ET: O.K. I know it's getting late and I don't want to make you later. Thank you. I probably will ask more question next week so we break it up. O.K. Thank you.

END OF INTERVIEW

Kraus Family

Jackie and Tom Kraus are 27 and 33-years-old, respectively. The have two children, Jeremiah (five years old) and Maggie (two years old). Their combined annual income is approximately \$17,000.

The presenting problem, as described by Jackie, is Tom's anger and aggressive parenting style. Also, Jackie has feelings of inadequacy. Jackie and Tom had attended

seven therapy sessions. The prognosis for this couple was positive, and they were transitioning to a new therapist when data collection was terminated. The following is the transcription of the first ethnographic interview which followed session three.

Ethnographer (ET): I don't know if I will be the one who does all the interviews but we try to this with everybody. It helps us get back in touch with people about what people are doing here, how they got here, and some really interesting and helpful things to help us deliver a more quality service. It's a bit selfish on our part because we really do want to improve our services. On the other hand, almost everyone who comes in has different helpful insights that will allow the next person to get better types of service, help us improve what we need to improve.

Jackie: That's progressive.

ET: Yea, but we need to know it from you. We don't know, we don't come here for the first time once a week, but somebody always does. We take your suggestions seriously, it's your perspective, there are no right or wrong answers, its we want to find out what you've seen, strengths, weaknesses that you want to tell us and we will try to direct it to some areas that maybe helpful to us. Tracy has a set of questions he has

worked up, but if you want to say a little more on that last one just jump in.

Tom: They are specific toward us?

ET: No, they are specific questions we ask everyone. We ask the same questions for every person, and then everybody has their own perceptions from those questions so...the first one is this. If you were to tell a friend who is interested in what you are doing down here at the Family Center, how would you explain the physical appearance of the Family Center?

Jackie: Modern.

ET: Modern?

Tom: Relaxing to.

ET: How is it relaxing?

Tom: Well the colors are such. I'm sure the are planned that way, just to be relaxing. You don't feel real institutionalized you know. Shiny white walls and hard chairs. It's made to be comfortable obviously, so people will be more relaxed.

ET: O.K.

Tom: That's helpful. I just know most of us are quite nervous about coming to a place like this, especially the first time.

ET: Yea, I am too. Let's start at your car. You've driven up and found at least the general area on the

service road, describe the process you have a mental picture of how you came into the building, first impressions, and things like that.

Jackie: I enjoyed all the pictures on the wall, I enjoyed looking at all the pretty pictures on the wall.

ET: O.K.

Jackie: I like the shiny roof, the shrubs outside, the neat doors, it seemed like there were some neat doorways. There were some double doors down there where we asked for directions. It's new, I like it.

ET: Modern and new.

Jackie: It's clean, yea.

ET: You've obviously been here in the daytime, if you've seen the shrubs.

Tom: It's just about sunset, it's just a little after when we pull in. I noticed all the same things Jackie noticed, plus tonight I noticed something different. Because of all the rain there was dirt and mud even though it's dry now in the driveway, and it kind of looked like it wasn't paved, and so the first thing that kind of struck my mind was when I looked around, the building is set I can't get my directions straight, but the building behind, the adolescent center, where the neat trees and shrubs were just planted there is a lot of potential but it doesn't

really look like its been developed totally, on the outside, that just struck me when I pulled in. It's not really positive or negative but you see where it could be slightly negative to somebody the mud or the dirt or something like that.

ET: We used a front end loader to remove some of the mud that washed in our lot after that big rain two nights ago I guess. I'm glad you noticed that, even though we tried to clean it up.

Tom: Basically, I feel like Jackie, it left a very positive impression, the shapes of the buildings, the style, the architecture, the shrubbery, everything.

ET: Well good.

Jackie: There are red flowers out there, isn't there? It seems like there were flowers out there, weren't there?

ET: Red flowers? Like I say I walk by things because I've been here quite awhile.

Jackie: Yea.

Tom: Yea.

Jackie: I might be wrong, but I noticed some plants or flowers. I will have to look again and see. I think I'm right.

ET: O.K. So now we're in the building, describe if you would to a friend what it's like out there, describe

it from now your inside the door all the way into the therapy rooms that you've been in.

Jackie: This is where we've been. Did you want this room described?

ET: O.K. If you would describe it to a friend, not to me, how would you describe it to a friend who said, "What it's like in there?"

Tom: I would say the lobby was real spacious and comfortable and it was a place I wouldn't mind just sitting for awhile if I had to wait ten or fifteen minutes for an appointment. You can read, there are things to look at. I really do appreciate the toys and stuff for someone who comes with their kids. They've got a little bit of something to do.

ET: O.K. Great, Jackie, anything else you....

Jackie: That's pretty much what I would say with the exceptions that the receptionist would be there and she would tell you where to go just down the hall.

Tom: Yea, that part is set up real convenient. You don't have to worry about walking in and wondering where do I go now, and because the desk is right there and someone can help you out immediately. That's important.

ET: O.K.

Jackie: I would say something about the mirror and the camera.

ET: You would? O.K.

Jackie: That was...I was real leery about that when I first came.

ET: Were you leery when you first heard about it or when you first walked in the room?

Jackie: Both. When did I find out? I think it was when I came here for the first time with Tracy. I came by myself. I was...I'm trying to think if he told me on the phone. It didn't register what was going on.

ET: O.K.

Jackie: Until I came down and then it was, "Oh".

ET: This is really the way he described it! You get the double whammy here because you have mirrors on both sides and you have two cameras and this is the only room this big and with this many. Yea, in fact I almost moved the team because I was watching a different case in that direction. I almost moved them in this room because we can hook up a sound system. It's also a therapy room, but we leave the sound box out so if we want to use it for that purpose we go sit over there and look in. So you can look in both mirrors.

Jackie: Yea.

Tom: It is a really neat thing the way you do it, but I agree you should really tell someone because it is strange. Thoughts of Gestapo! (Laughter). I don't know, it makes me very self-conscious at first that's for sure. You don't know who is watching you and listening to you. I'm just the opposite. I'm too self-conscious. I would always look away or over there.

ET: The adolescents all primp. They do this all the time (plays with hair and looks at mirror).

Jackie: I guess I'm closer to adolescents.

ET: No. It's everybody has a different response to it so you would mention it to people.

Jackie: But, I don't know, I'm really interested someday in working in a place like this and what Tracy said is perfect. It's helpful to have several people giving input and ideas. It's got to be better than one persons giving their ideas. The accountability, the ethics, responsibility, I guess. It seems like it is all on the up and up.

ET: O.K.

Tom: That's another thing I would feel real comfortable to tell someone that you can feel totally safe with your counselor, even if you don't know him or her because

you're not alone. There are others, he's held accountable. That makes it harder for the counselor.
Jackie: Tracy told me that makes it easier to work with a team better. He feels less alone.

Tom: Probably a good sign. Willing to be vulnerable, if you're the kind who can't take correction pretty well you would always be thinking, "What are they thinking about what I'm saying about me." You would be so conscious about it.

ET: Yea, and you get the whole range of responses from the therapists. You do, all the things you have said, therapists have said out loud. I love it, I hate it, it's the best thing that's ever happened, I hate it, I don't ever want to do it again, it's terrible! Everything you've said we've heard as supervisors. People give whole different responses like nervousness or, "Ah this is like home".

Jackie: Different personalities I imagine.

ET: Yea.

Jackie: Different therapy methods.

ET: It's good to hear you talk about it, you're feeling what the therapists feels because we haven't heard a lot of that. Most people say, "Well I didn't like the cameras, or the mirrors were distracting", or something like that. But they

don't say, "I can see the advantage of it and I think the therapist can".

Jackie: He thought it was a lot better for him to work with. I can see how it would be.

Tom: It seems like a real positive thing.

Jackie: I'm a lot more comfortable with it. The second time that's pretty good.

ET: O.K. Let me ask another question here. How do you refer, between the two of you to what you do here? When you talk about it away from this place.

Tom: I guess I refer to it, the last time I can think of is just plain counseling. We went to pick up our kids the last time and evidently the husband of the wife who was watching our kids didn't know what we were doing. He came right out and asked me. He's just that kind of guy. He just said, "What were you guys doing tonight?", "Oh we were up in Arlington for awhile". He didn't want to leave it there. He's not nosy, he's just that kind of person.

ET: He's a nerd?

Laughter.

Tom: You know, and then he said like what were you doing? And so I just said, "We went to counseling. We've got

some communication problems, we want to learn some tools, and how to work on them." "Oh".

Jackie: I didn't know that!

ET: So when you talk to each other you say communication problems we're working out, counseling, you call it those things?

Jackie: We do therapy?

ET: What is do? I'm sorry, or what is done here? When you talk about yourselves. When you walk away from here tonight, how do you describe what is happening here?

Tom: You mean like a one word adjective or....

ET: No, not necessarily.

Tom: I see it kind of as a sounding board. It seems strange that you really do need to go to someone else, and just sit, so they can tell you what you are saying. It's a sounding board. We are all so unconscious of what is going on in our own life we need someone to read that and tell us who we are. So I see it a lot as a sounding board.

Jackie: Yea.

Tom: A relaxed, safe atmosphere where we can get things out that are inside.

ET: So when you talk to each other you say something like, "I think I really got out tonight what I really needed

to say because Tracy was able to tell me and show me things I was saying".

Tom: I've heard Jackie say that. Almost exactly like the first part. I really got something out tonight. It wasn't here but a different time. Yea, I think that would be a pretty good way to describe it.

Jackie: Yea.

ET: How about you? Anything different or additional to that?

Jackie: It's teaching to me. It's a learning experience to me. I have a class about learning how to interact. I like school. A good experience for me!

Tom: I think it's very educational.

Jackie: Marriage education or parent education.

ET: O.K. Well that's good and that's legitimate.

Jackie: We're both students right now.

Tom: Like Tracy said things tonight that I knew they're in there. They are almost subconscious for years they just sort of float around, like nebulous. You can't quite grip your hand on it or put your finger on it and say, "This is what it is", and Tracy could sense them through our talking, perceive, and put it into actual words and, yea! I already knew that but I couldn't quite say it like you did.

ET: O.K.

Tom: I think that's real educational.

Jackie: That's fun. You go to class and you're sitting in a room with all these people and I want to ask the teacher all these questions, but there are too many people. You come here, it's just us. The teacher to talk to us.

ET: That's a good perspective. I'm sure it'll be helpful for because I think everyone of us needs to hear what is valuable. General makes mush. General is brown, but what is specifically useful for these people, specifically useful in this context. A lot of people see this as a classroom. So you basically had a feeling of it but called it something a little bit different. Oh, let me ask you one more question. You've answered it in part. What do you feel is the role of Tracy Todd? Last question.

Tom: (To Jackie) I've been talking first all the time.

Jackie: Referee, umpire, teacher, friend and professional.

ET: That's great!

Tom: I don't think I have any different words than those. I don't think of anything different.

ET: O.K. Let me officially end. I have one more question, but it's not an official question, it says, "Stop interview here." But I have one question, that I don't necessarily want you to answer, but I think it

would be valuable to Tracy. Would you tell him when he is not doing what you think his role is. Now like I say you don't have to answer that. Would you tell him? You can if you want to but no pressure....

Jackie: I wouldn't right away, probably.

Tom: Yea.

Jackie: As I got to know him better, I would feel more comfortable doing that I would wait till later. I wouldn't feel comfortable telling him he was out of line until I know where the lines are.

Tom: I think we may not understand if he is or is not right when it happens, but during the next week of talking together, reflecting on it, but I think we would say something, yea.

ET: Going the wrong way or a way you felt was not helpful.

Jackie: I think I would.

ET: Within a week? Where you have had a chance to think about it and talk about it you would say that's not what we were talking about, he missed it.

Tom: Jackie is real good at that.

Jackie: Yea I would.

ET: Yea, by golly I would, I think that is one of the things, as therapists, we crave.

Jackie: To know you're going the right direction?

ET: Not just that. Hmm hmm. But we want to know when we are going the wrong direction just as well, and we also want to know your opinion of whether it's right or wrong. Lots of times we go with, "Well they're not stopping me so I guess I'll go this way". I know Tracy is in need, as I am, and I'm speaking generally about the type of therapy we do. Of people saying, "Maybe more of this".

Jackie: More direction.

ET: You haven't quite got it yet. Those kind of comments, maybe a week later or immediate can be real helpful to getting yourself to move faster and we do that as teammates, I didn't watch your case tonight, but I knock on the mirror all the time. Just knock on the mirror and say, "No they're not with you." Because sometimes your too polite.

Jackie: Right!

ET: But I might see something or I catch something. He'll be looking at his note pad or he's listening to you so the team often helps with that but the experts are you guys and I say that with all sincerity because you are the only one's that know if we are going in the right direction.

Tom: That's something I imagine comes quite a ways down the road, generally, right?

ET: No. I'll directly throw in an opinion, you know.

Tom: Like a lot of us who come here don't have our finger totally on the problem ourselves and that's one of the reasons we come here. So for awhile we might not know what is the right direction.

ET: Yea, but you have a sense for he doesn't understand or he hasn't got it, or no we're not done yet, those kinds of comments, and those are just as important as saying that's right or what's wrong. It's a feeling let me tell you a little more here. You need to know a little more.

Tom: You know Jackie did that very thing tonight to Tracy. She just, right at the end when dealing with anger, each of us had talked about anger being one of our problems, but then she recognized that he was starting to lean toward the way that I was dealing with my particular anger. He kind of assumed that was both of our problems.

ET: O.K. I hear you.

Tom: Then she kind of spoke up and said you're getting away from my need now. He was very appreciative to hear that.

Jackie: Yea.

ET: (Humorously) And I know he will be, otherwise I'll beat him which is real easy when you're crippled.

It's easy to catch him. I'll let you go for tonight.

This has been helpful. Thank you, I appreciate it.

END OF INTERVIEW

Cravitz Family

Cindy Cravitz is 41-years-old and has two children, John (13 years old) and Penelope (nine years old). Cindy's annual income is approximately \$34,000.

The presenting problem was John's poor school performance and lack of responsibility. John was classified as gifted at school, but is not meeting the expectations of the school teachers. Also, Cindy feels she gets little respect from John and Penelope, and she gets upset over trivial things. At the completion of the data collection (session eight), the prognosis for the family was fair, and they were being transitioned to a new therapist. The following is the transcription of the first ethnographic interview which followed session three.

Ethnographer (ET): There are other families who come in here and we are new to this area and a lot of people come in and give us insights into what we are doing well and what we are doing not so well. We take what you say seriously and try to do this two or three times during the course of treatment just for a few minutes each time and get your idea and suggestions and try to develop a way of getting a better service

to people. (To John) If you do not want to help that's O.K.

Cindy: O.K.

ET: So if you're mute, I'll say just be mute. Any questions about this? You know we are not going to stick you with needles or anything.

Cindy: It's an evaluation, John that's all.

John: I know.

ET: Yea, it's an evaluation of us.

Cindy: Right.

ET: So you can tell us if Tracy should wear better clothes.

Cindy: It's kind of hard. He doesn't have a choice right now.

ET: Anyone who would jump out of a perfectly good airplane.... Well that's my opinion. I had to get his dog, that was the worst part. I think his dog was suffering more than he was. If you had a friend interested in coming to the Family Center how would you describe the physical appearance?

Cindy: Open, ah. Very modern, clean. The openness makes it very fresh.

ET: O.K. Open is a good term. What about you guys (to Penelope and John). Can you think of anything? Why don't you describe when you drove up to the spot and

saw the signs and you pulled in. How would you describe coming in here to someone? If your going to walk through a mental picture. Maybe you've seen movies where the camera is like a person and follows them around. How would...anybody? Do you describe to your friends what it is like out here?

John: Just a place.

ET: No way you could describe it?

Penelope: It's big.

ET: It is a big building isn't it?

Penelope: Oval shaped.

ET: How would you describe our waiting area?

Penelope: It's nice.

ET: You stay out there sometimes, what would you see if you closed your eyes? In your mind.

Penelope: A room.

ET: O.K. What's in the room?

Penelope: A lot of chairs.

ET: O.K. How about in here. What's unique? How would you describe this room?

Cindy: It's not what I expected. I like it, but it's not what I expected. Of course I like the color scheme. I like grey and burgundy. It's more of a classroom setting then a intimate room which I had envisioned which is smaller and more cramped.

ET: O.K.

Cindy: I like the openness. I have a tendency to have claustrophobia, so I like the windows. Even though there are drapes there are still windows.

ET: You know the windows are there?

Cindy: Right, I like that.

ET: How would you describe coming into the building?

Cindy: First of all it was very well marked. You know the first time, because it is a campus and you think you know this is the main building but maybe it was the administrative building. You didn't know. It was well marked, I like that part.

ET: O.K. Good.

Cindy: I liked it because it is a combination of office building and clinic, so I felt like there was a strong business attitude, professionalism.

ET: Oh, O.K.

Cindy: And being a psychosocial service. It was also laid out like a professional office building. I saw that because I lean that way.

ET: So that is something you would notice anyway, about most places, whether or not it....

Cindy: If you look professional, and are taking the time to look professional then you usually are

professional, and then the open reception area. I think that said a lot.

ET: What did it say?

Cindy: Openness, it just really feels like friendliness.

ET: O.K.

Cindy: The oval shaped reception area means she don't want her back to anybody. She's perceived and easily seen and has access and communicates to all the inner offices. To me that says a lot.

ET: Well good. So it's big and it's oval. You noticed a lot of things that your mom noticed. It's just she says it a little differently. You were able to say it in fewer words.

Cindy: Right, She's good at that.

ET: Yea, whenever somebody who is around our house wants to know something in a hurry they just ask our daughter. My wife's a lawyer so it takes her longer to say it than it does me. Hum, how do you refer to this amongst yourselves? What you do here when you talk as a family, what words do you use to describe this?

Cindy: What do we say?

John: We don't.

Cindy: I believe we do.

ET: What do you think you would call it or would you call it anything?

John: I don't talk about it.

ET: What do call it Penelope?

Penelope: I don't know.

ET: O.K. You think on it. Maybe you will come up with a word.

Cindy: My calender says counseling (laughs).

ET: O.K.

Cindy: So I guess that's what I call it.

ET: That's how you refer to it.

Cindy: Yea.

ET: Do these guys refer to it as something?

Cindy: They are kind of resistant right now. So I say, "We are going to counseling session." So they don't respond very well.

ET: (Shrugs)

Cindy: Yea.

ET: Another question, real simple, last one. What do you feel is the role of Tracy Todd? That's a harder question maybe they (to John and Penelope) won't answer that.

Cindy: Yea. My feeling is for him to facilitate us finding out what our problems are so we can solve them. He is not a problem solver.

ET: O.K.

Cindy: But he is to help us solve our problems, but I think we are so close to the situation and we are so infected by what it is right now that it's made us totally inept to be able to deal with it. And he's a fresh look, he's very objective, and so he can approach it with the freshness to ask us the right questions to get us thinking and getting solutions. That's how I view him.

ET: You articulated it well. (To Penelope and John) What do you think Tracy should do?

Penelope: Talk to us.

ET: Talk, yea. Anything else he does?

Penelope: Not that I know of.

ET: O.K. That's what Tracy says he does. He talks to you.

O.K. You're in good company. What about you John what do you think he does? What is his role?

John: Talk, ask questions.

ET: Ask the questions, (pause). Well any questions you have of me? While I'm captive here for a minute?

Cindy: I don't. I read the brochure. I know where you fit into the program.

ET: I'm not so sure I fit in but I try.

Cindy: (Laughs)

END OF INTERVIEW

Expectations of Therapy

The purpose of the ethnographer is to re-search with families and try to find information that will help a therapist fit with a family's expectations of therapy; in turn, hopefully facilitate a more cooperative relationship between clients and therapists. The following are excerpts from the transcriptions of the first ethnographic interview that indicate the client's expectations of therapy.

LaRosa Interview

ET: There is no right or wrong answers. So you can go into as much detail or less detail as you want.

That's alright with us. What do you believe the purpose of the Family Center is?

Bill: To help people.

Natassia: Yea, basically.

(Later in interview)

ET: What do you feel the role of a marriage counselor is? What is a marriage counselor suppose to do?

Bill: I think that...my personal opinion is that he is here to hear us and decipher from what he hears from us possibly a direction he could lead us into. A positive direction.

ET: O.K. Someone in Mike's position or Mike himself is suppose to take, I want to make sure....

Bill: Or if he comes right out and says, "No hope." You know, then huh (laughs).

ET: O.K.

Bill: I think possibly his position is to decipher from our sessions where we are going or where we want to go in a positive way.

ET: More or less give you direction?

Bill: Maybe help us find that direction. We may not know. Obviously we don't (laughs).

ET: (To Natassia) Yourself?

Natassia: That's wonderful! I will go along with what he said I would have added a referee at times.

Smith Interview

Bill: I would say it's a place where I can go and do all kinds of things from real simple counseling sessions, increase family communication skills, and improve family dynamics to more severe behavioral problems.

ET: So a whole range of things?

Bill: A whole range of things, at least that's the impression I got. We asked Dr. Thomas last week and he explained that to me.

ET: We see quite a range in here. Anybody want to add something?

Rose: It's a place where you go to talk to people to help you sort out things.

ET: Sort out things?

Rose: Problems.

(Later in interview)

ET: What in your opinion is the purpose of, say, the
Family Center? Our purpose?

John: To help families.

ET: O.K.

John: Simple.

Bill: Well, now that I have gotten here there is a little
more to it than I thought. To help families like ours
who couldn't afford to go and have a \$70-\$80 per hour
psychiatrist to do the work that is necessary, even
simple work like this is expensive, it would be twice
as expensive to go to psychiatrists or psychologists.
I think you mainly use psychiatrists. Do you all use
both?

(Later in interview)

ET: Last question, last topic I should say. Lets say
whoever is sitting in this chair, and for your family,
that's Mary. What do you feel that person's role is
for your family?

Joyce: Help us bring our thoughts together, sort our
inequi....

Bill: Inequities, is that what you are trying to say?

Joyce: Inequities, yes, to late for me.

Bill: What I thought was an objective guidance counselor communication objectively guiding us to what we know already know is our goal and that is to work and help me guide them as they grow up. So I want that person whoever is sitting there to try and help me let them become happy intelligent adult people.

ET: Like a tour guide?

Bill: Yea! I was talking with John about if somebody came to me and wanted a building built I wouldn't expect them to know everything about building, what I would want to know is all the things they want in the building. Similarly, I don't know everything about human psychology, I know very little about family dynamics in terms of study. So here I want that person to use those skills and that experience to help us, be our guide for awhile, achieving those goals we've set out over some period of time.

ET: O.K. That's fair. Anybody else?

John: That's it!

ET: Well alright, any comments?

Bill: (To Rose) What do you want this person to do?

ET: What do you want this person to do? I'm not picking on you.

Rose: I guess help me, or help us, help my parents with what they want to do like communication, just help us.

ET: Help the whole family?

Rose: Yes.

Shinkleworh Interview

Jed: I feel like...think it is to help us work out things we can't work out on our own. I think she had a different idea of it last week.

Amy: What?

ET: What was your idea Amy?

Jed: You thought we were going to come in and he would tell us if we were compatible or not.

Amy: Well, I mean....

Jed: Stereotypical?

Amy: Well that's what I thought. He was asking us questions that I thought he should be telling us answers to.

ET: Oh, O.K.

Amy: But...that's the same thing. You're here to try to help us communicate.

Jed: You thought it would be more cut and dried than it was.

(Later in interview)

Jed: Like I said, it's to help us get through situations or problems we can't work out on our own.

Amy: Kind of a mediator. Especially right now. It's not easy to hear something from him (referring to Jed).

Whereas somebody else who is unbiased, it's easier to hear it from him when he steps in.

Jed: Sometimes he is the instigator, sometimes he wants to stir things up. I mean he doesn't come in here and make us mad at each other, but he gets us thinking about things we were not thinking about before.

ET: He instigates things, mediates?

Jed: Positively instigates (laughing).

Brown Interview

ET: What do you feel is the purpose of the Family Center?

Debbie: Help us get through problems.

ET: Clear up the problems?

Debbie: Yea.

Candy: With the family as a unit. The strength of the family.

Chip: Same thing.

(Later in interview)

ET: What do you feel the role of Mike is?

Chip: To help us get through our problems and suggest better ways of working out our problems, maybe.

Candy: That's what we are looking to him for.

Suggestions, ah, as Chip said, clear up problem areas.

ET: So you are expecting him to give you suggestions.

Candy: No, no, we are looking to him in this light.

ET: I'm a bit confused as to what he is suppose to do.

Candy: O.K. We are just looking. For example, you take your car in, there is a mechanical problem you need you brakes fixed. Well, you go to have that problem eradicated, eliminated. So we are looking for suggestions.

Debbie: Of ways to solve our problems.

Candy: To have ways of solving a problem.

Kraus Interview

ET: So when you talk to each other you say communication problems we're working out, counseling, you call it those things?

Jackie: We do therapy?

ET: What is do? I'm sorry, or what is done here? When you talk about yourselves. When you walk away from here tonight, how do you describe what is happening here?

Tom: You mean like a one word adjective or....

ET: No, not necessarily.

Tom: I see it kind of as a sounding board. It seems strange that you really do need to go to someone else, and just sit, so they can tell you what you are saying. It's a sounding board. We are all so unconscious of what is going on in our own life we need someone to read that and tell us who we are. So I see it a lot as a sounding board.

Jackie: Yea.

Tom: A relaxed, safe atmosphere where we can get things out that are inside.

(Later in interview)

Jackie: It's teaching to me. It's a learning experience to me. I have a class about learning how to interact. I like school. A good experience for me!

Tom: I think it's very educational.

Jackie: Marriage education or parent education.

ET: O.K. Well that's good and that's legitimate.

Jackie: We're both students right now.

Tom: Like Tracy said things tonight that I knew they're in there. They are almost subconscious for years they just sort of float around, like nebulous. You can't quite grip your hand on it or put your finger on it and say, "This is what it is", and Tracy could sense them through our talking, perceive, and put it into actual words and, yea! I already knew that but I couldn't quite say it like you did.

ET: O.K.

Tom: I think that's real educational.

(Later in interview)

ET: ...what do you feel is the role of Tracy Todd? Last question.

Tom: (To Jackie) I've been talking first all the time.

Jackie: Referee, umpire, teacher, friend and professional.

ET: That's great!

Tom: I don't think I have any different words than those.

I don't think of anything different.

Cravitz Interview

ET: Another question, real simple, last one. What do you feel is the role of Tracy Todd? That's a harder question maybe they (to John and Penelope) won't answer that.

Cindy: Yea. My feeling is for him to facilitate us finding out what our problems are so we can solve them. He is not a problem solver.

ET: O.K.

Cindy: But he is to help us solve our problems, but I think we are so close to the situation and we are so infected by what it is right now that it's made us totally inept to be able to deal with it. And he's a fresh look, he's very objective, and so he can approach it with the freshness to ask us the right questions to get us thinking and getting solutions. That's how I view him.

ET: You articulated it well. (To Penelope and John) What do you think Tracy should do?

Penelope: Talk to us.

ET: Talk, yea. Anything else he does?

Penelope: Not that I know of.

ET: O.K. That's what Tracy says he does. He talks to you.

O.K. You're in good company. What about you John
what do you think he does? What is his role?

John: Talk, ask questions.

Discussion. One of the functions of ethnographic research is to look for themes generated by interviewees (Werner & Schoepfle, 1987). Three themes emerged during the first ethnographic interview regarding the expectations families had about therapy. The first theme was that therapy and/or the therapist was to evaluate the client's situation. For example, Amy Shinkleworth believed that the therapist would tell her if she and Jed were compatible or not. A second theme to emerge from the interviews was that the therapist should help sort out problems, educate clients, and suggest possible explanations to families so they could better understand their current situation. This theme is closely related to the evaluation theme. Quite possibly, if a therapist were to clearly indicate what the clients needed to work on and proposed a means for solving the problem, clients may feel like they have been heard and evaluated.

A final theme involved being objective. A therapist is expected to be an objective mediator. The therapist should be able to stay outside the situation and deliver

suggestions, or if you will, evaluations of the client's situation. Clients trust that a therapist will not align with a particular client, but rather give a professional, objective statement about their problem and what they should do about it.

Although it is impossible for a therapist to remain completely objective, it appears that objectivity is what clients expect from their therapist. Clients seem to want their therapist to be able to stand back from their problematic situation, sort out the problems, evaluate the problems, and remain the outside, objective, expert.

Possible Indications that an
Isomorphic Relationship Has Occurred

The following excerpts from the transcriptions of the first ethnographic interview indicate that an isomorphic relationship may be occurring or has occurred with the clients.

LaRosa Interview

ET: How was the paperwork?

Natassia: Very simple.

ET: Simple.

Natassia: Huh huh.

(Later in interview)

ET: O.K. So attached with the Family Center there is this other big entity out there.

Bill: Which that to me is wonderful because....

ET: How so?

Bill: How so?

ET: Yea.

Bill: Because I believe the earlier you start, my personal opinion, start with children the better off they are. And I mean very, very early.

Smith Interview

Bill: Simple.

John: Real simple.

ET: Simple? What makes it simple? I'm interested in that because we want to keep it that way.

Bill: Well number one is that there was not a big demand for real accurate and conscientiously filled out financial statement. It was simply O.K., lets talk about it, the first time it is free anyway that made it real simple. Really, we called on the phone and it was fill out a couple of forms and we came in.

ET: So paperwork wasn't overwhelming?

Bill: I didn't think it was.

Joyce: No it wasn't.

Shinkleworth Interview

ET: ...if I were a friend who is interested in doing what you are doing here at the Family Center, how would you explain to them the physical appearance?

Jed: The inside or outside?

ET: Yea, whatever, how would you describe it?

Jed: I think it's really beautiful atmosphere outside and it's really well kept inside, it's well laid out, it's well thought out evidently. I would recommend it.

(Later in interview)

ET: Yea, different things happen, it may be different. What's your perception of things? We got you into the waiting room now, have you got anything else that you would add?

Amy: We come in here and I feel I can talk real openly with Tracy. He just told us he was leaving.

Jed: That's a shame.

Brown Interview

ET: The first question is basically, If I were a friend interested in doing what you are doing here at the Family Center how would you explain to me the physical appearance?

Chip: Nice place, air-conditioned, comfortable atmosphere.

ET: O.K.

Chip: It's clean.

(Later in interview)

ET: O.K. Could you describe the process you went through the first time you were here from when you parked the car until you saw me?

Candy: Everyone was very cooperative, willing to help, and even go out of their way. I felt even in the process of paying they were willing to be flexible so the services would be available to me according to my salary. They didn't say, "You can't pay this amount then we can't see you." They were flexible.

Kraus Interview

ET: ...if you were to tell a friend who is interested in what you are doing down here at the Family Center, how would you explain the physical appearance of the Family Center?

Jackie: Modern.

ET: Modern?

Tom: Relaxing to.

ET: How is it relaxing?

Tom: Well the colors are such. I'm sure the are planned that way, just to be relaxing. You don't feel real institutionalized you know. Shiny white walls and hard chairs. It's made to be comfortable obviously, so people will be more relaxed.

(Later in interview)

Jackie: I like the shiny roof, the shrubs outside, the neat doors, it seemed like there were some neat doorways. There were some double doors down there where we asked for directions. It's new, I like it.

ET: Modern and new.

Jackie: It's clean, yea.

(Later in interview)

Tom: I would say the lobby was real spacious and comfortable and it was a place I wouldn't mind just sitting for awhile if I had to wait ten or fifteen minutes for an appointment. You can read, there are things to look at. I really do appreciate the toys and stuff for someone who comes with their kids.

They've got a little bit of something to do.

ET: O.K. Great, Jackie, anything else you....

Jackie: That's pretty much what I would say with the exceptions that the receptionist would be there and she would tell you where to go just down the hall.

Tom: Yea, that part is set up real convenient. You don't have to worry about walking in and wondering where do I go now, and because the desk is right there and someone can help you out immediately. That's important.

(Later in interview)

Jackie: But, I don't know, I'm really interested someday in working in a place like this and what Tracy said is perfect. It's helpful to have several people giving input and ideas. It's got to be better than one persons giving their ideas. The accountability, the

ethics, responsibility, I guess. It seems like it is all on the up and up.

ET: O.K.

Tom: That's another thing I would feel real comfortable to tell someone that you can feel totally safe with your counselor, even if you don't know him or her because you're not alone. There are others, he's held accountable. That makes it harder for the counselor.

(Later in interview)

Tom: Like Tracy said things tonight that I knew they're in there. They are almost subconscious for years they just sort of float around, like nebulous. You can't quite grip your hand on it or put your finger on it and say, "This is what it is", and Tracy could sense them through our talking, perceive, and put it into actual words and, yea! I already knew that but I couldn't quite say it like you did.

ET: O.K.

Tom: I think that's real educational.

Jackie: That's fun. You go to class and you're sitting in a room with all these people and I want to ask the teacher all these questions, but there are too many people. You come here, it's just us. The teacher to talk to us.

Cravitz Interview

Cindy: I like the openness. I have a tendency to have claustrophobia, so I like the windows. Even though there are drapes there are still windows.

ET: You know the windows are there?

Cindy: Right, I like that.

(Later in interview)

Cindy: If you look professional, and are taking the time to look professional then you usually are professional and then the open reception area. I think that said a lot.

ET: What did it say?

Cindy: Openness, it just really feels like friendliness.

Discussion. Since the first ethnographic interview was conducted early in the therapy process, much of the information indicating that an isomorphic relationship was possibly happening was related to the physical appearance of the Family Center. Three themes seemed to emerge from these interviews indicating the possibility of isomorphism.

One theme to emerge was the open, cooperative, atmosphere facilitated by the Family Center. References were made to the beautiful atmosphere, relaxing color scheme, cooperative people, and simple paperwork. A second theme indicating that fitting may be occurring involved the accountability of the therapist. Jackie and Tom Kraus

found the team concept comforting because the therapist was held accountable for his actions, and they felt more safe with this procedure and would inform others of this positive characteristic.

A final theme to emerge was the ability for the therapist to put into words what the clients were unable to speak. Although the clients may feel a certain way they find it educational to hear a therapist put those feelings into words.

The importance of this information is that it indicates that fitting may actually occur before clients meet their therapist, and that a therapist can further facilitate the isomorphic relationship by verbalizing the thoughts and feelings of clients (reflective listening). Also, for some clients, any mechanism that indicates that a therapist is held accountable for her actions (team approach) may reduce the initial apprehension clients may have about the therapy process.

Possible Indications that an

Isomorphic Relationship Has Not Occurred

The following excerpts from the transcriptions of the first ethnographic interview indicate that work may need to be done so that a better fit can be created between the therapist and clients.

LaRosa Interview

Bill: But if someone asks me I'll tell them you can't smoke in there.

Shinkleworth Interview

Amy: Yea, except for that (pointing to camera).

(Later in interview)

Amy: I like what's going on except for that (pointing to the camera), but like I said I am not thinking about it as much anymore. I've explained it to friends and when I think about it it does make sense.

Brown Interview

Candy: It's clean, I wouldn't have the walls gray though.

Debbie: Gray? They are cream.

Candy: No, they are gray Karen, it's just kind of closed in. Not exactly depressing, but I would have chose cream or something.

ET: Sterile?

Candy: What? The walls, yea. It's not a big issue.

(Later in interview)

Candy: Change these walls. I think it would be nice if you could have the windows open so you could look out.

Kraus Interview

Tom: ...it's not really positive or negative but you see where it could be slightly negative to somebody the mud or the dirt or something like that.

ET: We used a front end loader to remove some of the mud that washed in our lot after that big rain two nights ago I guess. I'm glad you noticed that, even though we tried to clean it up.

(Later in interview)

Jackie: I would say something about the mirror and the camera.

ET: You would? O.K.

Jackie: That was...I was real leery about that when I first came.

ET: Were you leery when you first heard about it or when you first walked in the room?

Jackie: Both. When did I find out? I think it was when I came here for the first time with Tracy. I came by myself. I was...I'm trying to think if he told me on the phone. It didn't register what was going on.

ET: O.K.

Jackie: Until I came down and then it was, "Oh".

(Later in interview)

Tom: You know Jackie did that very thing tonight to Tracy. She just, right at the end when dealing with anger, each of us had talked about anger being one of our problems, but then she recognized that he was starting to lean toward the way that I was dealing with my

particular anger. He kind of assumed that was both of our problems.

ET: O.K. I hear you.

Tom: Then she kind of spoke up and said you're getting away from my need now. He was very appreciative to hear that.

Jackie: Yea.

Discussion. Two themes emerged from ethnographic interview one that indicated an isomorphic relationship may not occur or be difficult to facilitate. The first theme was related to the physical characteristics of the Family Center. Statements were made about the no smoking policy of the Center, the mirror and camera in the therapy rooms, white walls, and mud in the driveway. This information indicates that the possibility for a therapist to become isomorphic with clients may be decreased prior to the therapist meeting the clients.

A second theme to emerge was a therapist's alliances during a therapy session. For example, Tom Kraus indicated that Tracy started to lean toward his problems with anger, and began to assume the same for Jackie. This information indicated that therapists need to be cautious in how they align with particular clients.

Although the physical characteristics of the Family Center may have initially posed a threat to a positive

relationship between the therapist and clients, it seemed that if the therapist was able to create an isomorphic relationship on a personal basis the physical characteristics became less threatening. Additionally, clients did not like having alliances created between the therapist and other clients during therapy. This finding is not surprising since one expectation of clients is for the therapist to remain objective.

Ethnographic Interview Two

Bean Family

Jan Bean is a 37-year-old woman who is divorced, and has three daughters. Jennifer is 15-years-old, Kathy is seven-years-old, and Barbara is eight-years-old. The presenting problem was that Jennifer believed her mother was incompetent as a parent, and Jennifer would throw "fits" whenever her mother dated. Jan's annual income was approximately \$25,000.

The first ethnographic interview was completed after session four; however, due to technical difficulties the interview could not be transcribed. At the completion of the data collection the prognosis for the Bean family was very good. Jennifer was increasing her social life and dating. Her new behaviors were allowing Jan to parent Kathy and Barbara without being continuously evaluated by Jennifer. Also, Jennifer was beginning to accept Jan's

dating behavior. The following is the transcription of ethnographic interview two with the Bean family which followed session seven.

Ethnographer (ET): Well, what I will do is, I don't want to keep you very late so I will get to the questions here, and the purpose of all this. The last time when we talked we got information about the Family Center in terms of its physical characteristics and that's one aspect we got information on. Tonight I want to get information more about on how you think we work in essence. As you recall the purpose basically is to provide a better service because we know we are new and we want to do the best we can. I'll start out with some questions and let you take it from there.

Jan: Kathy has to answer the first question. Kathy, No? Yes? Wrong?...Wrong? O.K.

ET: Well they are at a disadvantage because this builds on what we talked about last time.

Jan: Oh, sorry, we will have to do this.

Kathy: Can we go out?

Jan: No but you can hold the gerbil, yea you can go out.

ET: They can go out if they want to.

Jan: You can go out (Kathy grabs gerbil and begins to exit). Hurry we only have so much time. Give me a

kiss goodbye. Don't slam the door, don't go outside, don't run up and down the hall.

ET: The last time we talked about what you call this place, and we really didn't have a clear cut answer it was so....

Jan: Tonight we called it the shrink. We told the waitress to hurry up we had to go to our shrink.

ET: My question is, "Mikes position, as a shrink, what is the difference between what he is suppose to do and say a counselor, therapist, psychologist, or psychiatrist, those are all different type of jobs, in his role what is he suppose to do?

Jan: I can only draw on what I have experienced. Jennifer has never been in a situation like this. The difference between a psychologist, and a psychiatrist, lets see a psychiatrist is able to give medication and a psychologist isn't. Based on my experience with a psychologist, I don't know if it was because he was church related or whatever he wasn't under the auspices of a church, he just went to the same church as I went to. I like this better than I like that. It maybe that my children are here or there is more to tackle or because I went there there wasn't anything I could do about my situation except accept it. This thing is got to be for change because even though she

is a turd sometimes at least she is coming to this thing she is making an endeavor to try, which is different from when I was doing it before over a marriage with no husband there. So I like it better, and in a roundabout way I already told you this once, instead of pow (hitting hand with fist) taking care of one thing there's a million, trillion, billion, things.

ET: Hmm, hmm.

Jan: I don't know.

ET: So a counselor, therapist, psychologist do not do in essence the same type of jobs.

Jan: No I think they all have different things I've had a counselor from church I really liked him, and he was on the ball, he had brains, guts, and a plan, and that's what makes a difference. Instead of free floating around and asking what's wrong with us today.

ET: So in essence Mike has a plan?

Jan: He does, to be as unstructured as it is, yes it is. The first three times I came hear I just kept on waiting for a pow (hits hand with fist). Then I thought later on maybe that's why I don't mind coming back. That's all I could say. Too confusing?

ET: I got the gist of that. So in comparison to what you had before, Mike is doing different things I would say things, instead of similar things?

Jan: Right...because before they want to talk about why did this happened and when did that happen. They were for the here and the now. That's the type of approach they made.

ET: Hmm, hmm.

Jan: They didn't really dwell on the past, but then again they had to.

ET: Take someone in this position, not necessarily Mike's position, any of those other counselors you may have had. What makes a good counselor then? In your opinion.

Jan: Making you stop and think about what you just said because nine times out of ten what you just said is really what's going on in your life. He makes you review just like you did the first time. He did it, he didn't start doing it until the second time, but he does do that he'll make her rephrase or restate or rethink or, "What did you just say?" I don't know, I don't know.

ET: (To Jennifer) You're quiet.

Jennifer: I know, I'm over here babysitting, gerbilsitting, something.

Jan: She doesn't have to talk as long as her mother does.

You talk!

Jennifer: You're the talker.

ET: (To Jennifer) What makes a good counselor?

Jennifer: If his system works, and if what he says and I don't know. We give him knowledge and he gives us double the dosage of what we gave him. He makes us think and review the situation and review exactly why we have the problem and how to solve it and different ways that we can approach it and attack it. I guess that's the best way to put it.

Jan: Well you spent time with him you all did different things. Well, I feel like "Ah, that's good, I'm glad you feel that way."

ET: How do you know if Mike is or is not meeting your needs?

Jan: Well I had questions about it before, and even Jennifer said in her moments of "I'm not going back to that place" attitude. We were not doing anything, we weren't accomplishing anything, but then we have to be accomplishing something because the episodes haven't been what they had been. Things are a little bit better around the house.

Jennifer: They are.

Jan: And when we start getting into it we realize we are getting into it and we....

Jennifer: Stop.

Jan: Back out of it...sometimes. Those of us who have our engines on and hit the brakes.

Jennifer: Turbo!

ET: So in other words at this time you feel your needs are being met to a certain extent.

Jan: But we've never done this before. I've never done this with my children. I will say this much, isn't it great that all four of us can come here, Kathy and Barbara are still outside, I hope they behave, but they come here and that they feel good about this. Do you know what I'm saying?

ET: Hmm, hmm.

Jan: Kathy and Barbara feel good about this, it's not like, "Oh no they're going back tonight or something". You know they're excited about it. They want to participate. They know we are trying to do something for each other, you know.

ET: Let's make sure I'm in the ballpark. You both can comment on this. In other words, you feel you are making some progress because of the fact everybody is coming back and something clicks at home where it didn't before.

Jan: Yes, but see I wish I could come up and say we've only been here two times and everything is perfect. You know, wouldn't that be great, but would you believe me?

ET: True.

Jan: So I don't know because I don't think we've gotten to where we need to get to but that's the bottom.

Jennifer: The bottom.

Jan: The bottom is the bottom.

ET: O.K. I'm not your therapist and I'm not aware of a lot of what is going on in your case and ah....

Jan: What do I think the bottom is?

ET: Yea, what is the bottom?

Jan: The bottom is how she (pointing to Jennifer) and perhaps others, I don't know, how she takes her life in her own hands in spite of and regardless of the fact she doesn't have a good relationship with her father, and that her home isn't a family unit like she always thought it would be, and in spite of the fact things aren't perfect and no she is not going to get a Ferrari in two weeks. Do you know what I'm talking about? How she is going to interface with what really is in her life as opposed to what she wishes were in her life.

ET: (To Jennifer) How about yourself?

Jennifer: Huh, (to Kathy) Just play with the gerbil. Uh, I don't know what the bottom is. I'm beginning to wonder if there is a bottom. There's got to be a bottom but under all this stuff....

Jan: You haven't got there yet?

Jennifer: You know, if you don't....

ET: There may not be a bottom?

Jennifer: Yea, there may not be a bottom, it may just go on.

ET: There may not be a bottom.

Jan: Then it's just a freefloating things. If things seem O.K., then what I want to know is are we taking too long, are we taking too long as opposed to some other families you might see?

ET: You would have to ask your therapist that. I couldn't tell you.

Jan: I mean how long is long? How much longer should we anticipate going on? I don't know.

ET: That is something I think you should ask your therapist. Let's say I was your neighbor, you two had done it, you said, "I don't want to go back to that place anymore." I want to ask the flip side, let's say when would it be, "We don't need to go back to that place anymore." I guess how will you know that, what will be happening?

Jennifer: (Laughing) When I move out.

Jan: No that's not true. I don't know. (long pause) I don't know. I can't visualize that.

ET: O.K. I don't want to pick on Mike, but let's say any therapist, I will pick on Mike, it's not picking on him just using him as an example, what do you think he needs to do to get you to move toward that?

Jan: Well I guess somehow I had an idea that sooner or later Jennifer could sit in this room with her father, really, I don't mean imaginary in a chair, or playlike or anything. I mean really have him come to this counseling session which he may or may not do. It's a 50 50 deal I think he might do it.

ET: How about you Jennifer. What would Mike have to do to get you to the end do you think?

Jennifer: Huh! I don't know. I really don't know. I mean I've never thought about it.

ET: I know I'm putting you on the spot right away so you don't need to answer.

Jennifer: Well mm,

Jan: Well all I want to tell you is she doesn't talk a whole lot, and I don't talk too much.

Jennifer: I do so talk.

Jan: But she didn't before. She's only been talking for about the last 3 times. So I don't know if this is

like closer to the beginning than what you think. I mean she may have walked into this room x number of times, but this may really be only time number three.

ET: I see what you are saying. The counting may come from somewhere else other than zero.

Jan: Right.

ET: One last question, then I will let you go. You had made a statement I told you to ask Mike about and that is how long is long. How long is long for you? I mean I had one guy come in and say, "If we are not better in two meetings, that's it!" Which for myself was like I thought, "Nobody's God here."

Jan: Pressure.

ET: I guess I'm curious for your sake. How long is too long?

Jan: I don't know. I mean we think in terms of semesters, half a year, year or something. I don't even know how long we've been coming here. How long have we been coming here?

ET: I think you have had five meetings here.

Jan: Five.

ET: Five or six.

Jennifer: I think seven.

Jan: We came one time with you and then it was like two weeks before we came back.

ET: That's right it's either six or seven.

Jan: It was right when you had your accident.

ET: O.K. that would work out to be about seven.

Jan: O.K. and I would think no more than six months.

We've already done, maybe even less, say three months.

Seven weeks in nearly two months. Unless you use the 4.2.

ET: Right.... I don't mean to cut you off but I also know it is time for you to go. My last statement, correct me if I am right or wrong. As a whole you think things are moving in a good positive direction, slowly?

Jennifer: Progressively.

ET: Excuse me?

Jennifer: Progressively.

ET: Progressively?

Jennifer: Progressively, uh ha.

ET: And although you don't know where the end is it seems to me it should be somewhere around the corner because of the fact you have been here seven times which is two months and it should fall in the range of three to six.

Jan: Hmm, hmm.

ET: So somewhere around the corner there should be an ending. But we don't know what is the ending.

Jan: No, I've always have been the one to terminate it.
Because it was always up to me. How much penicillin
did I need?

ET: Hmm, hmm.

Jan: Do you know what I mean?

ET: Gotch ya.

Jan: To cope with a situation that would not change. This
situation we are actually changing something, I think.
We are making something different instead of learning
to deal with something different. I mean making
something different, instead of I mean.... I can't
think of another word, I don't know. That's unique.
It's just different!

ET: My closing remark is that as a Family Center we are in
a way doing our job in the way that we are getting you
to do somethings different?

Jan: You're not flunking!

Jennifer: I would say you're making an A.

Jan: Dang, we've never done this before, and you've never
done this with us, and we've never done this before
with you.

ET: Right.

Jan: I think for every person who walks into these rooms a
different thing happens, whether there is terminology

for it or not. So we really don't know what to expect. But do you think we appreciate you?

ET: That's not my role here, you need to talk to Mike.

Jan: But we do, we really do. I mean I'm glad you're here.

Stuart Family

Chris and Betty Stuart are 37 and 39-years-old respectively, and have been married approximately 18 months. Living with Chris and Betty at the beginning of therapy was Chris' children from a previous marriage, Lilly (13-years-old) and Scott (10-years-old). The combined annual income of Chris and Betty was approximately \$16,000.

The presenting problem was Lilly's smoking, drinking, and runaway behaviors. Lilly had just been discharged from an inpatient psychiatric facility. The Stuart family had attended nine therapy sessions and the prognosis at the completion of the data collection was positive. Chris and Betty had improved their parenting skills and styles and were beginning to focus on their own relationship. After session four Lilly moved out of the house, and was living with her grandparents. Due to technical difficulties ethnographic interview one could not be transcribed. The following transcription is of ethnographic interview two which followed session six.

Ethnographer (ET): The last time I talked to you we basically discussed what went on before you got in here (referring to the room). The reason we do this is to give us a better idea of what we are doing right or wrong. Today we will try to cover what goes on in here in terms of how we operate and see how you feel about that, what we can improve and change. The first question I got is based on the fact that marriage and family therapists, such as myself and Dr. Thomas, are a new phenomenon. It basically started in the fifties where we started becoming known. Where you could get doctorates. Before that it was psychologists and counselors and so what I want to get a feel for is what do you see someone like a marriage and family therapist doing differently then say a counselor, psychologist, psychotherapist, or whatever they are called? What do our types do different? What's the difference between our groups?

Betty: For me, I've been in individual therapy primarily and some counseling with my ex-husband, but it was with a therapist who functioned both as an individual therapist and I don't believe that they were trained in marriage and family therapy. Ideally, I would think they would help the couple or the family

integrate and deal with their problems they may have between each other.

ET: O.K. So between rather than within?

Betty: Yes.

Chris: Hmm, hmm. The only thing I guess I could....

Repeat the question one more time.

ET: What is the difference between someone like myself and Dr. Thomas who are family therapists, and someone else who would be considered a psychologist or counselor.

Chris: (Long pause) Ah. The only thing I can say is the individual stuff.... I like the idea of bringing in the whole family and dealing with which role everyone plays in the family. The only thing I can base it on is going to an individual therapist and you deal with issues that you have personally.

ET: So as a family therapists we don't deal so much with personal issues as say an individual therapist might?

Chris: Hmm, hmm.

Betty: I think that individual therapists dealt with past child of origin issues and how they apply to the present. Where it seems like, this is the only family therapy I've been in and we are in the fifth session and we have a crisis, but I would think that marriage and family therapists would identify each person individually and help us deal in the present.

Chris: Deal in the now, instead of in the past.

ET: So the marriage and family therapist would deal personally, but the personal stuff is what happens now and not what happened to you fifteen years ago.

Betty and Chris: Hmm, hmm.

Betty: Learning how to build relationships.

ET: O.K. So that's what makes the family therapist different than the counselor or whatever, is that they help build relationships between one another.

Betty: Right. I think so because individual was clearing out trash.

ET: Hmm, hmm.

Betty: Helping to see things differently, change my perceptions.

ET: And in family therapy you don't do that type of stuff?

Betty: We haven't.

Chris: We haven't in here yet.

Betty: Not yet, but we talked about it tonight. I'm aware that I do caretake. I learned to do that because I'm the oldest child. So I feel it is my responsibility to deal with the problems. I take too much and then I don't know how to deal with it or ask for help.

ET: Would you say that a suggestion, not particularly for us, but say the field of family therapy would be to give the opportunity to eliminate trash?

Betty: Yes. Or point it out when you're in old stuff, I think.

ET: Ah. That's a good point. Anything else to add to that?

Chris: I don't think so.

ET: O.K. You both have said you have been to individual and you haven't been to another family therapist, so I will make a hypothetical here. Let's take Frank for example, how do you think he would be doing in comparison to a family therapist in the next room?

Betty: I think that Frank is good and I have been to a therapist before in couples therapy, three as a matter of fact, three different ones, I think the difference is that I felt with Frank is that I felt he was more removed from the situation. Which in a way that's good, but in a way that's negative for me because I felt I needed to have a rapport with him. Like I needed an emotional connection.

ET: Hmm, hmm.

Betty: He seemed more clinical. And last week I told him I felt there were people behind the glass and everybody made predictions and nobody gave me feedback like this is what we see you doing. We have 55 years of experience and it seemed like everybody sat back in their chair. What I needed was help, I'm in a crisis

and I'm scared. I may not have said that real well,
but I was angry because I needed something like,
"These are all your options." Real specific.

ET: Right.

Betty: I felt like I was drowning.

ET: And he didn't give them to you?

Betty: Not specifically, I didn't feel my needs were met,
but I may not have asked.

Chris: Well sometimes I feel like we're emotionally
involved and we cannot remove ourselves from it and
see the whole picture this way. You know, Frank, I
feel like he has picked up on some of the stuff that
we've said like, "You guys need more time to
yourself." Removed left of the situation or whatever.
I feel that is helpful because a lot of times for me
I'm in it. Right in the middle of the crises or
whatever, you know, it helps to have the family
therapist like Frank, he can step back and see the
whole picture maybe a little bit clearer than we can.

ET: So that's what's making him good. Seeing the whole
picture, look at it unclouded?

Chris: Hmm, hmm.

Betty: I think its building trust, too. I haven't been
here that long but we are also in the middle of a
crisis which is scary because it's like

automatically you want to trust this person because you know what you're doing isn't working yet you can't build trust in the middle of a crisis, which is scary and like I say, I told him I felt angry which is risky for me because I didn't need predictions, I needed helpful solutions.

ET: O.K. And so he resolved it? Is that part of getting rid of that trash? Is that in there?

Betty: No, I think it is more asking for what I needed, and maybe assuming that the Family Center meant solutions to problems. And I know that the goal of therapy is that you don't have to go to therapy anymore. He told me, "You have all the tools, I feel like you have all the tools. You can basically make all your own decisions." I got real angry this week. Well shit! What am I going here for if I have all the tools I need? I've been in individual therapy before but I haven't been in family, and I haven't had a daughter that's been running away and drinking for two years, and failing, and drugs. I don't know if she is doing drugs or not. You feel like a lot of that stuff goes out the window.

ET: O.K. You made a comment that you felt he was good in comparison to others?

Betty: Yea.

ET: What makes him good?

Betty: I think that...one thing. He heard me tonight, he doesn't try to defend by saying this is why I did what I did da da da da...he just heard me and I appreciated that and let's try something else. I appreciate that and he said, "I was wrong." And I didn't know how to ask for what I needed. What I need is some support. I'm real scared, I can handle that routine, too.

ET: As a basis with individual, marital, or whatever. Is he doing anything similar or is it all different, or a little of both?

Betty: For me it's been different because Chris and I haven't started on anything about our relationship where before it was my ex-husband and I only, this time it is our family. Well, I had the kids but they were never brought in (referring to previous counselor). Tonight he said that he was going to talk about Chris and I and I need that. In our relationship I feel like that will help me learn how to stop at 50 because I need help. So that might be similar. I don't know, how about you, Chris?

Chris: I don't know, I think for me Frank comes across with a more relaxed approach, down to earth, you know.

The individual therapists I've been to, you know, some of them seem real sympathetic with you, lets deal with this, and they will be nodding their head with you trying to work out what you've got, start opening up. I think Frank wants to get right to the point, and is more I feel more relaxed around him. The kids expressed they liked him because he loosened up and joked a little bit.

Betty: He's confident. So when someone is confident in what they are doing it makes them more creditable and I have that feeling of confidence with him. That he is going to be able to see what's going on.

ET: I'm going to ask the flip side of what makes a good therapist. What makes a lousy therapist?

Betty: I think somebody that is so detached that they really didn't care.

ET: O.K. How would you know if a therapist is or is not meeting your needs? If I were your neighbor again. How would you describe it to a neighbor that, "Yea the therapist is meeting our needs." How would you describe it to someone, it's a gray area?

Chris: To meet your needs is to be confrontive with you or telling you what he sees you doing if your being passive. It would be nice for your therapist to confront you and to say, "I see your old patterns

here, I see you running your old number." Being more confrontive.

ET: O.K.

Betty: For me, it's like if you don't ask for what you need then the therapist is only as good as you allow them to be. I mean there are cases where somebody is not meeting your needs and you say I've asked myself, "Have I asked clearly for what I need?" And if your needs are not being met then....

ET: Consider another therapist?

Betty: Yea.

ET: The last question then is do you think you are making progress by coming to the Family Center?

Betty: Yes, I think so (pause). It's hard for me in the middle of a crisis. I'm here though. Yes, I mean I'm here. I just wrote a power of attorney today to sign my daughter over to her grandparents which seems real big to me.

ET: (Confused) So yes, you are making progress? Or somewhere in the middle.

Chris: I know for me last week I left like, gosh, we didn't get nothing. You know, because Frank said, "You got all your tools". You know, they didn't even give us solutions from in back of the window (referring to the one-way mirror), they just gave us

some projections of what they saw might happen, two or three things that might happen. Well, hell we knew that. So last week I left feeling empty, but we have been coming five times and that was the first time, and again it goes back to asking for what you need.

Betty: Hmm, hmm. I thought behind the glass they were going to tell me what they saw. You know, this is what we see you doing, da da da. Not to tell me what to do, but just give me feedback that would be objective about us.

ET: So you felt the team was suppose to give you feedback that would help you with your solutions?

Betty: Yes, I was pissed! And maybe it was just that I had the whole deal wrong. Assumed, because I assumed they were back there. I kind of felt ripped off because I felt they are learning from me, and telling me I've got all the tools. So why am I here? They are taping me (referring to the videotape), I felt like a guinea pig.

Chris: They were using us.

Betty: I felt they were going to say, "Hey, we see you're having trouble, and these are things that have worked for other people. You could do A, B, C, D these are options.

ET: And that's what you feel the team should have done?

Betty: I don't know if should have done it, but that's what I thought they were going to do. I was disappointed. I remember saying to Harold "I feel angry" because he said, "You have all the tools, I feel confident you can do something different". Or whatever exactly he said! I just thought, "Well shit!" I've had a lot of individual therapy, but I never had family therapy, so what tools are you talking about?

ET: (Referring to what the client was asking) Give me one or two, would you!

Betty: I told him I felt angry, but I was not in touch with it until this week. I thought well, yea, you are suppose to make your own decisions and that's the idea, but I felt that my child and this kind of situation I've been real scared, all my old stuff about being a good parent came up so I thought, "Hey I need help".

ET: And nobody gave it to you?

Betty: I didn't feel like they did.

ET: O.K.

Betty: I was told you got all the tools Betty (patting husband on shoulder like a child). Like when I was a kid, "You're a smart little girl, now go out there and do it."

Chris: What we are coming for I think is to also gather more information so we can make the best decision we can as parents. And there are thousands of options out there, we want to know almost every one of them. (Humorously) We want 999 so we can list them all and look at them and go, "O.K. here we go."

Betty: I know when Frank said something like because I had gone to visit other people I trusted during the week he said, "It sounds like you explored and talked to different people and that keeps you from making a decision." You know, I was pissed because I thought, "Well shit, if your kid was doing this wouldn't you want to do the best you could." Of course, like I say I meant it. A year from now I might go, "Hey, I know what he was talking about."

ET: Well, if you have made progress, be it so little as you are describing, where has the progress come? What is different? How do you know you have?

Chris: I know for me it helps, it's kind of a centering point to know that our weeks run so crazy anyway, you know, ah tonight's therapy, whoosh (wiping his brow), it's a centering point, you can go and get readjusted, tuned up, and go back out.

ET: Never heard that, that's good!

Chris: And try something different. I know for me I feel that way.

ET: Let me see if I got this. O.K. Coming here and getting options you can use as solutions and then being able to leave here and have enough options to try out is what you like. Like you say, "It helps your attitude, whew, we got something done." Last week when you didn't get that it was irritating. Did I get that all in there right?

Chris: Hmm, hmm.

Betty: It wasn't irritating, I felt angry!

ET: Pissed off I think you said, O.K. well that's all I have. It's twenty after eight and I've kept you this long, I apologize.

Volkman Family

Sara Volkman is a 30-year-old woman, who was divorced approximately 18 months when she began therapy. Sara had two children, Kim (six-years-old) and Theodore (eight-years-old). Sara's annual income was approximately \$27,500.

The presenting problem was Theodore's attention deficit disorder and encopresis. Sara self-terminated therapy after session six because she felt that there was significant improvement in Theodore's presented problems. Sara felt she was more confident and consistent in her

parenting skills; in turn, Theodore's situation was also improving. Due to technical difficulties ethnographic interview one was unable to be transcribed. Ethnographic interview two was conducted after session five and the following transcription is of that interview.

Ethnographer (ET): As you recall, the reason we do this is to deliver a service that meets your needs and expectations. We are not 100%. I know there are clients that dislike us as much as like us. So we want to make sure we try to meet the needs of everyone. The last time we talked about basically the physical surroundings and the Family Center in terms of paper work and red tape type of stuff. Tonight I want to talk to you about how we more or less operate as a counseling center. Basically, if I recall you refer to Dan as a counselor or therapist?

Sara: Therapist.

ET: A therapist, I guess in our interest we would like to know from your point of view does a therapist, counselor, psychologist do the same thing?

Sara: Hmm. Here we are putting labels on things. To me a therapist is somebody who works with you, basically all three have the same functions. Psychiatrist is more of a person who works with you and can prescribe drugs. A counselor works with you, a therapist will

work with you. A counselor works more on everything. He counsels you. He's teaching you. A therapist works with you. That's my definition.

ET: A counselor is more of an educational type?

Sara: Right. He's the one giving me advice.

ET: Hmm, hmm.

Sara: Perhaps showing you documented proof that this is past cases, past theories, and this is how that works and this is how this works. And maybe if you looked at it this way and saw it that way. Whereas a therapist he works with you and more ah....

ET: Get in there and work.

Sara: Yea, exactly, and that's how I see Dan. The only thing I don't like is I think the window and camera are very intimidating to children.

ET: Hmm Hmm.

Sara: Perhaps maybe if you had something for young children like my children that would make them want to come in here because to me this is intimidating for a child.

ET: Hmm Hmm.

Sara: White walls, window, camera, no toys. There is nothing neat to look at.

ET: It's intimidating to me.

Sara: (Talking like a child) It's like a padded cell,
mom, gee, I don't like this place.

ET: (Asking question from a child's point of view) Are
you going to leave me here?

Sara: Yea, that's the only thing I didn't like about it.

ET: O.K.

Sara: I don't think it's distracting. I think it is more
to make them more comfortable

ET: More comfortable?

Sara: Like a rocking chair or something like that.

ET: O.K. I'm not picking on Dan at all here. I'm just
using him as an example. In comparison to other
therapists how is he doing in terms of similarities
and differences from your point of view?

Sara: I think Dan is a good bouncing block. I really do,
he's great.

ET: By bouncing block you mean?

Sara: He listens very well.

ET: So for him to be doing a good job is for you to come
in and....

Sara: Communicate, I think what he does is...he makes me
think a lot about the situation, and he gives me
different ideas different angles to....

ET: To think about?

Sara: Exactly! It's like a pool table, different angle different shot.

ET: What other qualities would make a good therapist?

Sara: In my past experiences I had a woman therapist, and I'm not just saying this because I am a woman but I felt she was very good simply because her listening qualities and teaching you new tools, teaching you what you had to work with, and that's to me what I'll never forget her. She was wonderful, she was fantastic.

ET: So she took what you had....

Sara: Right.

ET: And let you see them?

Sara: Exactly, she fine tuned them.

ET: Fine tuned them?

Sara: Exactly, she let me fine tune them. Find them, explore them, discover them, and showed me this is what you have and this is what you make of it.

ET: Hypothetical situation...I'm your neighbor down the street. I don't know the first thing about the counseling center, therapy or anything like that. How would you tell me that your needs are being met? How would you know that?

Sara: Well I'm making progress, I would like to say its working fine right now. I'm not making the kind of

progress I want to make. Sometimes I think we all want miracle workers to come in and change everything over night.

ET: Hmm, hmm.

Sara: And I would say it's working. I'm not there yet.

I'm seeing more light. More of a sunrise effect.

It's always darkest before the dawn. I'm starting to see a little sunrise. I would say it's working. I would highly recommend this for anybody who is having problems.

ET: Hmm, hmm.

Sara: Especially for anybody with children because it's obvious you have to get it before it gets out of hand.

ET: Alright. So if I was a neighbor I would say to you, "How do you know it's working?" I'm confused, I'm playing the dummy here. I don't know the first thing about this stuff.

Sara: I would simply say it sheds a lot of light, a lot of different angles. It gets you to thinking about different possibilities, getting somebody to listen to you who is biased that can get you to think about it and show you different angles and perhaps to tell you that your thoughts are not that crazy after all. Perhaps what you are seeing is probably realistically

normal or whatever you want to call it. That compared to somebody who is biased, it's good therapy.

ET: My last question here is, you've answered it though. To date, do you feel you and your therapist are making progress?

Sara: Yes, I do.

ET: I guess my thing would be playing a person who doesn't know much and I looked into a window. What would I see that's different, that I would say, "Yes they've made progress"?

Sara: (Laughs)

ET: Since the last time I looked in the window which was two months ago.

Sara: Ah, you're seeing a mother that's not quite as frustrated. I don't know so much about my son yet, but you're seeing a mother who is not quite as frustrated. I think that's the biggest difference you would see. To me that's very added progress.

ET: O.K.

Sara: I'm not sitting here batting my head against the wall going, "What in the world am I doing wrong? Why is this going on?" So, yea, you would see progress that way. See a less frustrated person.

ET: Anything else I need to know about us, that we may need to improve on?

Sara: No just the room.

ET: Just the room.

END OF INTERVIEW

Cravitz Family

The family characteristics and situation have already been described. Ethnographic interview two was conducted after session five and the following is the transcription of that interview.

Ethnographer (ET): I saw you guys it must have been two weeks ago?

Cindy: Last week, no, two weeks ago.

ET: Two weeks ago. You kind of know why we do this and the questions we ask. We want to learn about family therapy from your perspective and it's easy for us to sit back and say we think we know what's going on but that isn't always the case. What is it that you call this at home? You told me last time Penelope. What do you call it? See everybody might have their own word or phrase. What did you call it the last time? You called it talk. What we do here is talk.

Penelope: Oh, that's right.

ET: John, what do you call it?

John: Just the place.

ET: I'm sorry?

John: The place.

ET: The place, you go to the place.

Cindy: I call it counseling.

ET: O.K. You call it counseling. Everybody knows what everybody is talking about when you say we are going to counseling or whatever?

Cindy: Hmm, hmm.

ET: Do people who talk like we do at this place do they do the same things as say a therapist does?

Penelope: No.

ET: O.K. What does a therapist do that's different? Can you think of something?

Penelope: No, because it is kind of the same.

ET: Might not be exactly the same though?

Penelope: Hmm, hmm.

ET: O.K. John do you think there is any difference?

John: I don't know.

ET: (To Cindy) Do you think they are different?

Cindy: I think a therapist would be more clinical.

ET: O.K. Clinical, meaning?

Cindy: Testing.

ET: O.K. How about does a counselor do anything differently than say a psychologist?

Cindy: I think...well some psychologists are counselors but not every counselor is a psychologist but I think they use very similar techniques. This is our first experience. All of us are bouncing from ignorance as far as differences about what I think, but I've never experienced it. John was with a counseling center but we only made two sessions and I think he was a psychologist, but then again we just got into a couple of sessions.

ET: O.K. Well that's alright, everybody who comes in, every family has a different set of experiences and some people have been in therapy a long time before they get here, different experiences and things and that's important to know even for first timers, too. Do you think what your counselor does, or let's put it this way, how do you think your counselor is doing in comparison to other counselors?

Cindy: Well certainly better than the one previously, that's why we are here.

ET: So that's why you keep coming back?

Cindy: Right. There was no rapport established between John and the other counselor and he didn't give me the time of day. He never asked for my opinion, when I say opinion, my thoughts, reactions, etc. He never wanted to talk to me. And the other counselor we had

is just the school counselor, and it's nebulous at best. They are attacking an issue but not really a personality.

ET: O.K. It can be a real different experience. How do you think your counselor is doing, again, at this place? Compared to other counselors you had.

John: Different.

ET: How would you compare, are they similar or different?

John: Different.

ET: How are they different? Anything? Maybe something they do or say.

John: Take more time for you. Ask questions more.

ET: O.K. Anything else? Other thoughts? What makes a good counselor? (To John) Maybe we should start with you where you left off. Is that what makes a good counselor?

John: I guess.

ET: One that takes time with you as a person? What about you girls?

Cindy: Penelope, I don't think has had any experience.

ET: Maybe that's good though. Maybe she would know a bad one because she wouldn't immediately have to think of what a stereotype is.

Cindy: Right!

ET: (To Penelope) What do you think makes a good counselor?

Penelope: Person who likes to talk a lot.

ET: Hey that's good.

Penelope: Talk about other people's feelings.

ET: Talks about your feelings, huh?

Penelope: Yea.

ET: Good, what else, anything? What makes a good parent,
good counselor, excuse me?

Cindy: One that doesn't let us off the hook very easily.
Doesn't buy into the system.

ET: O.K.

Cindy: Allows us to speak but is always in control and
doesn't monopolize it. Asks probing questions so we
can get to the issues. That's what I consider a good
counselor.

ET: And not having a lot of experiences with people you
may have had at least one that's been good, and one
that hasn't been so good.

Cindy: Right.

ET: You know the difference. How do you know if the
therapist is meeting your needs or not?

Cindy: We're coming back, and we are not mandated to be
here.

ET: Hmm, hmm. O.K. (To John and Penelope) How do you
guys know if he is meeting your needs?

Penelope: If he solves our problems.

ET: Out of the mouths of babes. That's really good.

That is a really smart thing to say. How about you John?

John: I guess what she said.

ET: Which one?

John: (Points to Penelope).

ET: Penelope?

John: Yea.

ET: If you were to describe this process to friends, I have to read these questions because I'm not familiar with them, how would you tell them your needs were or were not being met? If you're talking to a friend how would you tell them that you knew your needs were being met or not?

Cindy: I think you need to ask that a little bit later. I don't know what some of our needs are. We haven't gotten into it enough to know what our real.... Tracy is having, we're strangers to him and I'm sure as a family model we are not that unique but at the same time we are unique because of our personalities, because he is having to get to know us, to know where to probe. He doesn't know what our needs are yet, he has some ideas, and I don't know what our needs are, that's part of the process here. So at this point I would just say we are all searching and that's nice

because of preconceived ideas that's where I would be coming from, for instance.

ET: O.K. It's just too early to tell?

Cindy: Yea.

ET: O.K.

Cindy: I think there is potential.

ET: (To Penelope and John) What about you guys? If you were to talk to our friends how would you tell them your needs were or were not being met? Any ideas? Kind of a hard concept.

John: I wouldn't talk to my friends.

ET: So you wouldn't tell them, huh?

John: Yea.

ET: That's honest. O.K. I got one more. To date, up till tonight, do you feel you and your counselor are making progress?

Penelope: Yea.

Cindy: (Shakes head yes).

John: I guess.

ET: Yes, yes, I guess. O.K. How have things become different? Anybody. Is it something your mom set up or you guys sat up together that probably is different?

Penelope: She doesn't yell at us as much as she used to.

ET: (To John) Is that right?

John: It's about the same.

ET: So you think it's about the same, huh?

John: (Shakes head yes).

ET: So it's not quite as much as Penelope feels?

John: Well maybe a little bit less, maybe.

ET: What else?

Cindy: I think things are becoming more defined for me.

It was just kind of out there. I knew we were in trouble, but I didn't know where or what. Things are starting to become a little more defined. Putting little labels on things so we can start making some actions and when you make action statements you have potential for change.

ET: Action like less yelling and....

Cindy: Right.

ET: Anything else that's different. You wear different clothes or your vision changed.

Cindy: (Laughing). I'm going to go out and buy new wardrobes so we'll never have to wear the same clothes twice, yea right.

ET: (Humorously) Skip the money part.

Cindy: That's not an option.

ET: Boy I know what that feels like. What else, anything, anything else that's different that you have thought of?

Penelope: I play with some more friends.

ET: I'm sorry, could you say that again.

Penelope: I play with more friends.

ET: O.K. That's happened since you started coming here?

Penelope: (Shakes head yes).

Cindy: (Shakes head yes).

ET: Well good. Sometimes you need to ask these questions and sit back for a minute. It's not something you have thought about all day long. Anything else that's different or changed?

Cindy: I have a better attitude. I feel like I'm going to get some handles where I can be in control of things I should be in control of and eventually I will be allowed to give myself permission to let go of some things.

ET: So there are somethings you haven't touched on yet?

Cindy: Oh yea, there are. I think we have just scratched the surface to be quite honest about it. This is not going to be one of those snap things this I've got a feeling is going to take a while.

ET: Hmm, hmm.

Cindy: That's O.K. We didn't get this way overnight.

ET: Well some people want quick cures like microwaving food, you know.

Cindy: Well, it would be nice, but I don't think that is going to happen.

ET: Well good. I appreciate your time. This is helpful. We do transcriptions of some tapes that way we don't have to worry about knowing who anybody is. We don't use the tape, we just type off the information and that is really useful for us and I don't put your names their. I'll call you Penelope, but I don't put it in the tab. Well thanks.

END OF INTERVIEW

Kraus Family

The family characteristics and situation have already been described. Ethnographic interview two was conducted after session six and the following is the transcription of that interview.

Ethnographer (ET): These are questions we ask to help us deliver a better quality service for families. Nobody ever sees this but we do transcriptions anonymously on what people say so we can get an idea for how we can do better. Your answers are important. I just don't want you to necessarily put you to risk by thinking you will say something that will offend anyone, it's basically for other people. So I wanted to preface with that and try to figure out a way to put this in front of you so I get some straight answers and

hopefully you will be honest. So, what do you call Tracy at home? Do you call him Tracy or do you call him a counselor or....

Tom: Tracy, I think.

Jackie: Yea, Tracy.

ET: O.K. Does Tracy do the same thing as a counselor does?

Jackie: I think of him as a counselor.

ET: You think of him that way. O.K. (To Tom) How about you?

Tom: Yea, I guess so. It seems that there might be a little bit of difference in my thinking but I'm not sure what it is. Tracy is more on an our person type level than most counselors I've been at. They are always dressed up and seem so professional.

ET: More of an equal?

Jackie: Tracy is more easy going and down to earth and you can visit and stuff.

ET: O.K.

Tom: But I still think of him as a counselor to, but there is still something different something more down to earth.

ET: Not the same as other counselors?

Tom: I feel comfortable, real comfortable. I have always felt comfortable with Tracy.

ET: O.K. So counselor is a word you would probably use to describe Tracy, Jackie?

Jackie: Hmm, hmm. Yea.

ET: Does he do the same thing as a psychologist does?

Tom: I don't really know that.

ET: Or what you think a psychologist does?

Tom: I think so, the couple that I've known. They do about the same thing.

ET: O.K.

Jackie: I don't know. I guess so. A psychologist is a person who is interested in people, I guess, a person who studies people is mainly how I think. I guess so.

ET: O.K. A lot of people haven't had any experience with dealing with a counselor, therapist, or psychologist, or whatever prior to this time. Ideas come from various sources. We just want to see what your ideas are, that's all. People come in with conceptions of what should be or might be.

Jackie: Yea.

ET: Do you have any idea of what the difference is between Tracy as a counselor and a psychologist? Are there specific differences you feel you could point out. You talked about the way they dressed, feeling like you could talk back and forth, but anything else, differences?

Jackie: (Long pause) No.

Tom: I guess I've always thought of a psychologist as more trying to figure out exactly what the problem is than direct concern for that person. Not that that's not there too. I don't see Tracy digging, digging, digging, digging, to try to find just what the problem is so that he can say, "Oh, I've found the problem." He seems more interested in us as a couple.

ET: O.K. Good, Jackie?

Jackie: I guess psychologist is a funny word to me, I guess. I don't have any negative connotations about it, but I don't know when you become a psychologist, at your master's? You can't use it. Your master's in psychology I don't know. I'm just not sure.

ET: That's fine. There are no right answers, or I hope there aren't. There's never been two the same so there are no right answers or everybody has gotten it wrong. How do you think your counselor is doing in comparison to other counselors? How's he doing?

Tom: In comparison to other's here?

ET: No, other counselors in general. Your conception of what counseling should be.

Tom: (To Jackie) Go ahead.

Jackie: I guess, I don't know a lot of counselors but I felt like at first, until the last week or so that we

were basically we were on a fix it trip. That we were, we had things all figured out that it was just kind of a quick cure type of thing. I felt uncomfortable with that. Not that that's not a viable way for therapy, but I just felt like when we first came, I guess I was uneasy that it took four or five weeks and then Tracy thought we were done with our therapy when in my mind we hadn't even started yet and that was in my way I felt like he didn't have the perception. I just kind of racked it up I guess to never being married, I thought he has never been married or raised kids so maybe because he is not a female he doesn't have the same perception as I do.

ET: Perhaps a married female with children or a person someone who has been married, female with children would have a different that would have fit better?

Jackie: I guess maybe. Personally, I kind of think of females as being more sensitive to things that aren't right on the surface. More sensitive to subconscious messages is what I think of. Maybe that's not the way it is, but that's.... I didn't feel like we were getting that until I had to...until it just came all out on the floor.

ET: So perhaps other counselors might be more sensitive to the things you are not saying.

Jackie: Yea, yea.

ET: Something along that line?

Jackie: Yea that's what I mean.

ET: O.K. Anything else?

Tom: I like Tracy as much. I guess that isn't the right word.... I thought he did as good or better than other counselors I'd been at that I've seen before.

ET: O.K.

Tom: I had one I really didn't like at all and another I like a lot as a person but he didn't seem to really get anywhere with us. I felt that Tracy was at least by far the best that I'd seen.

ET: O.K.

Tom: Which again isn't very many.

ET: Jackie, you already mentioned one thing different about other counselors, conceptions, perceptions. It can be conceptions, mental or something you've taken in by watching or being around people. Different in that he is perhaps not on the same sensitivity level as someone else, or maybe he wasn't picking up on unspoken cues as much. What else is different do you think between Tracy and other counselors? Anything else different? I'm not digging for an answer, I was just wondering.

Jackie: Yea.

ET: Maybe it's a feeling or maybe a sense. Do you sense a difference? Maybe you can't put your finger or mind on it but maybe a feeling.

Tom: I've already stated the main things that I noticed.

ET: O.K.

Tom: (To Jackie) What do you think?

Jackie: I don't know.

ET: O.K. A couple more. What makes a good counselor? In your mind.

Jackie: Good question.

Tom: Caring seems like it would have to be really important to me. You've got to have more than just the professional skill to get down to the root of the problem.

Jackie: Yea, that's the first thing I would say to, is caring.

Tom: I don't have any idea of how you can be dealing with hundreds of different people I have no idea. You certainly cannot get involved in that life. In some strange sense you have to care for all those different people as well as having the professional skill to.... Perception I guess is important to.

Jackie: Perception.

ET: Maybe we should turn this around sometime. Maybe you should interview all the counselors. Maybe you should

ask the same questions to us as we do to you. We're not curious about it but maybe you are. What else... perception of what? Is a good counselor able to perceive or a certain type of perception?

Tom: I think being able to read between the lines of what people are saying. Being able to see that there is something deeper. People will quite often just stay on the surface until they are really pressed, you know, and I think it's important for the counselor to see that there is something deeper and not say, "Oh, I guess that's it we are all taken care of." Jackie thought that Tracy was having that problem. I didn't see it that way because I've lived with Jackie seven years and didn't know this stuff until just recently when she brought it up. I didn't perceive it and I don't know how Tracy ever could in just a couple sessions, you know, I don't see it the same way as Jackie did and yet I still think a counselor needs to be perceptive. Some things are just plain by the way people carry themselves or what they are saying shows that there is something deeper.

ET: O.K. Well that's a good explanation. When you look at perception you also said that was important. Do you look at it the same?

Jackie: I don't know. You know there are sometimes people I find...my mom and I, we are a kindred spirit. You know we just can just relate to so well. And wonder if that...you can't have that with everyone.

ET: Hmm, hmm.

Jackie: Maybe a counselor just can't have that with everyone either you know you can't just click and understand and relate and perceive because we are all so different and so I think maybe that was what I was referring to...something that isn't evasive.

ET: Yea.

Jackie: You can't really have that with every person.

ET: Maybe good counseling is when you click.

Jackie: Yea

ET: I can't say what is a good counselor, but maybe that is along the same line as your speaking.

Jackie: I think so.

ET: That may have something to do with it. How do you know if your therapist or your counselor is or is not meeting your needs? How do you know? This is kind of like asking, "What is the meaning of the universe?" It's kind of a big question.

Jackie: A lot of these questions are.

ET: Yea, and they are not easy, they get harder.

Jackie: O.K.

Tom: I think we all know the answers well enough although we may not be able to verbalize it too well. I mean you know inside when your needs are being met, you know. If you don't have any more questions.

ET: O.K.

Tom: Or see any more turmoil or if somehow all the answers are coming clear.

ET: O.K. Inside and questions, turmoil, things are being resolved, answers.

Tom: Yea, light being shed on things. And obviously that wasn't happening to Jackie a couple of sessions ago when she burst out.

ET: So was that obvious to you? Or wasn't it that obvious your needs weren't being met?

Jackie: Oh yea, oh yea.

ET: How did you know?

Jackie: It was all real superficial to me. It wasn't I guess I have different layers of consciousness or different layers of reality. Just goes from the more superficial to the heart of things. I feel like I'm pretty well in touch with that and that if I'm not able to relate at that level that's the hardest to get to. I know...I know that it's not a deep sense of feeling. It's more than just like this lever out you just put a bandage on it.

ET: So if it feels superficial it's not meeting your needs.

Jackie: For an extended period of time.

ET: Oh O.K.

Jackie: This is good evidence of the way you get started.

I just figured this was the way you get started.

That's why it didn't...I wasn't really floored. Maybe that was just the method Tracy used to get things to come to the surface to. You know, just say, "I guess we are done.", and just to have that reaction. That's the way you start just to get to know people. You don't start at the core very often. There are very few people who just really open up. And usually that is precipitated by some kind of an event or experience with them. To just come into an office to be with somebody you have never seen before in your life....

ET: A comment I will close with later.... It isn't part of this interview it was just a thought that went through my head. If you were to describe the process you go through here with some of your friends how would you tell them whether your needs were being met or not? Same way, different way? You know, friends walk in and sit down, "Are your needs being met out there?" "Yea." How would you know?

Tom: Maybe one thing is that you're beginning to put things on the same wavelength rather than coming at things so differently. Counseling helps to bring you to the same wavelength a little bit. Talking about the problem you know. We were talking the other night about how things change when you verbalize it. Something can be in your head for years and it's still nebulous if you've never verbalized it. As soon as you speak it it concretes, you know.

ET: So you said it to somebody in a therapy room and that makes a difference?

Tom: I think that's a lot of problems, is two people keeping things inside both seeing it subjectively their own way, you know. Sure their own way is right. So when you begin to talk about it it is easier to use it a clearer light once it's talked about together.

Jackie: In a way that I know it's helping to is that I feel like I have a new assessor if I say something and you misunderstand what I say, then I can see if it sounds the same to you as the way he perceived it. That has been a major way that I can say you know it's helping me because I have someone to intercede for me if what I'm saying is misunderstood.

ET: Which fits with both of what you said, another person's perception.

Jackie: Yea.

ET: To date, do you feel like you and your counselor have made progress? Not saying whether it's finished or not.

Tom: Did you say today or to date?

ET: To date.

Jackie: To date.

Tom: I do.

Jackie: Definitely.

ET: How have things become different?

Tom: We have been able to take some things that were abstract and help see them more clearly. Facts of hope, looking for facts of hope. Some of the other little tools and exercises that Tracy has had us both do. I think that's maybe more important what we have gone through last week and today. Once we realized to look for facts of hope. Again, when you're each thinking it in your own mind it can seem so hopeless and there is no way out. And when you're feeling that way it's pretty hard to look for hope, you don't even care to, it seems like what's the point.

ET: Hmm, hmm.

Tom: Or at least I feel that way when I get real down.

ET: So you have been looking at things differently, looking at them differently not just for them.

Tom: (Shakes head yes) Yea, yea. This has helped to look at things differently and maybe it helps to look at yourself better and maybe you learn to take responsibility for your own things rather than always blaming the other person.

ET: O.K. Jackie have you seen somethings different, to see that you have made progress or feel that you've made progress?

Jackie: Just saying the things that have been in my head for so long, it's been I guess progress. It seems like it set something back, I guess about 100 yards.

ET: It's movement.

Jackie: Right.

ET: Yea, I should use that word, movement, instead of progress...change, saying things outside out loud that you have had in you head. Anything else that's been different?

Jackie: I don't know what will come of it yet. But with what Tracy said tonight...strikes at my cord...just what he said about the commitment to just a tolerable relationship, just commitment. So that will be changed and progress each time he's thinking these things through.

ET: Hmm, hmm.

Jackie: I'm not sure of what will come of that one, yet,
but that is not acceptable to me.

ET: You are very articulate people and its very helpful to
hear these comments.

Jackie: You know the last time you came here you asked us
these questions about the building and stuff. And I
was thinking as I came here tonight...you know there
are no female magazines out there.

ET: That's true. I bring some from home and the rest I
get from the hospital. I should probably bring in a
female magazine...Good Housekeeping.

Jackie: Ladies Home Journal, yea (Laughter).

END OF INTERVIEW

Expectations of Therapy

The following are excerpts from transcriptions of the
second ethnographic interview that indicate the client's
expectations of therapy.

Bean Interview

Jan: I can only draw on what I have experienced. Jennifer
has never been in a situation like this. The
difference between a psychologist, and a psychiatrist,
lets see a psychiatrist is able to give medication and
a psychologist isn't. Based on my experience with a
psychologist, I don't know if it was because he was
church related or whatever he wasn't under the

auspices of a church, he just went to the same church as I went to. I like this better than I like that. It maybe that my children are here or there is more to tackle or because I went there there wasn't anything I could do about my situation except accept it. This thing is got to be for change because even though she is a turd sometimes at least she is coming to this thing she is making an endeavor to try, which is different from when I was doing it before over a marriage with no husband there. So I like it better, and in a roundabout way I already told you this once, instead of pow (hitting hand with fist) taking care of one thing there's a million, trillion, billion, things.

(Later in interview)

ET: Take someone in this position, not necessarily Mike's position, any of those other counselors you may have had What makes a good counselor then? In your opinion.

Jan: Making you stop and think about what you just said because nine times out of ten what you just said is really what's going on in your life. He makes you review just like you did the first time. He did it, he didn't start doing it until the second time, but he does do that he'll make her rephrase or restate or

rethink or, "What did you just say?" I don't know, I don't know.

(Later in interview)

ET: (To Jennifer) What makes a good counselor?

Jennifer: If his system works, and if what he says and I don't know. We give him knowledge and he gives us double the dosage of what we gave him. He makes us think and review the situation and review exactly why we have the problem and how to solve it and different ways that we can approach it and attack it. I guess that's the best way to put it.

Stuart Interview

Chris: To meet your needs is to be confrontive with you or telling you what he sees you doing if your being passive. It would be nice for your therapist to confront you and to say, "I see your old patterns here, I see you running your old number." Being more confrontive.

ET: O.K.

Betty: For me, it's like if you don't ask for what you need then the therapist is only as good as you allow then to be. I mean there are cases where somebody is not meeting your needs and you say I've asked myself, "Have I asked clearly for what I need?" And if your needs are not being met then....

(Later in interview)

ET: And that's what you feel the team should have done?

Betty: I don't know if should have done it, but that's what I thought they were going to do. I was disappointed. I remember saying to Frank "I feel angry" because he said, "You have all the tools, I feel confident you can do something different". Or whatever exactly he said! I just thought, "Well shit!" I've had a lot of individual therapy, but I never had family therapy, so what tools are you talking about?

(Later in interview)

Chris: What we are coming for I think is to also gather more information so we can make the best decision we can as parents. And there are thousands of options out there, we want to know almost every one of them. (Humorously) We want 999 so we can list them all and look at them and go, "O.K. here we go."

Volkman Interview

Sara: Hmm. Here we are putting labels on things. To me a therapist is somebody who works with you, basically all three have the same functions. Psychiatrist is more of a person who works with you and can prescribe drugs. A counselor works with you, a therapist will work with you. A counselor works more on everything.

He counsels you. He's teaching you. A therapist works with you. That's my definition.

ET: A counselor is more of an educational type?

Sara: Right. He's the one giving me advice.

ET: Hmm, hmm.

Sara: Perhaps showing you documented proof that this is past cases, past theories, and this is how that works and this is how this works. And may if you looked at it this way and saw it that way. Whereas a therapist he works with you and more ah....

ET: Get in there and work.

(Later in interview)

ET: What other qualities would make a good therapist?

Sara: In my past experiences I had a woman therapist, and I'm not just saying this because I am a woman but I felt she was very good simply because her listening qualities and teaching you new tools, teaching you what you had to work with, and that's to me what I'll never forget her. She was wonderful, she was fantastic.

ET: So she took what you had....

Sara: Right.

ET: And let you see them?

Sara: Exactly, she fine tuned them.

ET: Fine tuned them?

Sara: Exactly, she let me fine tune them. Find them, explore them, discover them, and showed me this is what you have and this is what you make of it.

Cravitz Interview

ET: (To Cindy) Do you think they are different?

Cindy: I think a therapist would be more clinical.

ET: O.K. Clinical, meaning?

Cindy: Testing.

ET: O.K. How about does a counselor do anything differently than say a psychologist?

Cindy: I think...well some psychologists are counselors but not every counselor is a psychologist but I think they use very similar techniques. This is our first experience. All of us are bouncing from ignorance as far as differences about what I think, but I've never experienced it. John was with a counseling center but we only made two sessions and I think he was a psychologist, but then again we just got into a couple of sessions.

(Later in interview)

ET: (To Penelope) What do you think makes a good counselor?

Penelope: Person who likes to talk a lot.

ET: Hey that's good.

Penelope: Talk about other people's feelings.

ET: Talks about your feelings, huh?

Penelope: Yea.

ET: Good, what else, anything? What makes a good parent, good counselor, excuse me?

Cindy: One that doesn't let us off the hook very easily. Doesn't buy into the system.

ET: O.K.

Cindy: Allows us to speak but is always in control and doesn't monopolize it. Asks probing questions so we can get to the issues. That's what I consider a good counselor.

ET: And not having a lot of experiences with people you may have had at least one that's been good, and one that hasn't been so good.

Cindy: Right.

(Later in interview)

Cindy: Oh yea, there are. I think we have just scratched the surface to be quite honest about it. This is not going to be one of those snap things this I've got a feeling is going to take a while.

ET: Hmm, hmm.

Cindy: That's O.K. We didn't get this way overnight.

ET: Well some people want quick cures like microwaving food, you know.

Cindy: Well, it would be nice, but I don't think that is going to happen.

Kraus Interview

Tom: I guess I've always thought of a psychologist as more trying to figure out exactly what the problem is than direct concern for that person. Not that that's not there too. I don't see Tracy digging, digging, digging, digging, to try to find just what the problem is so that he can say, "Oh, I've found the problem". He seems more interested in us as a couple.

(Later in interview)

Tom: Caring seems like it would have to be really important to me. You've got to have more than just the professional skill to get down to the root of the problem.

Jackie: Yea, that's the first thing I would say to, is caring.

Tom: I don't have any idea of how you can be dealing with hundreds of different people I have no idea. You certainly cannot get involved in that life. In some strange sense you have to care for all those different people as well as having the professional skill to.... Perception I guess is important to.

Jackie: Perception.

(Later in interview)

Tom: I think being able to read between the lines of what people are saying. Being able to see that there is

something deeper. People will quite often just stay on the surface until they are really pressed, you know, and I think it's important for the counselor to see that there is something deeper and not say, "Oh, I guess that's it we are all taken care of." Jackie thought that Tracy was having that problem. I didn't see it that way because I've lived with Jackie seven years and didn't know this stuff until just recently when she brought it up. I didn't perceive it and I don't know how Tracy ever could in just a couple sessions, you know, I don't see it the same way as Jackie did and yet I still think a counselor needs to be perceptive. Some things are just plain by the way people carry themselves or what they are saying shows that there is something deeper.

(Later in interview)

Jackie: Maybe a counselor just can't have that with everyone either you know you can't just click and understand and relate and perceive because we are all so different and so I think maybe that was what I was referring to...something that isn't evasive.

ET: Yea.

Jackie: You can't really have that with every person.

ET: Maybe good counseling is when you click.

Jackie: Yea

(Later in interview)

Tom: I think we all know the answers well enough although we may not be able to verbalize it too well. I mean you know inside when your needs are being met, you know. If you don't have any more questions.

ET: O.K.

Tom: Or see any more turmoil or if somehow all the answers are coming clear.

ET: O.K. Inside and questions, turmoil, things are being resolved, answers.

Tom: Yea, light being shed on things. And obviously that wasn't happening to Jackie a couple of sessions ago when she burst out.

(Later in interview)

Tom: Maybe one thing is that you're beginning to put things on the same wavelength rather than coming at things so differently. Counseling helps to bring you to the same wavelength a little bit. Talking about the problem you know. We were talking the other night about how things change when you verbalize it. Something can be in your head for years and it's still nebulous if you've never verbalized it. As soon as you speak it it concretes, you know.

ET: So you said it to somebody in a therapy room and that makes a difference?

Tom: I think that's a lot of problems, is two people keeping things inside both seeing it subjectively their own way, you know. Sure their own way is right. So when you begin to talk about it it is easier to use it a clearer light once it's talked about together.

Discussion. Two themes emerged from these ethnographic interviews that indicated the expectations of clients regarding therapy. One theme involved what a therapist should do to clients in therapy. Clients expect the therapist to confront them, make them stop and think, and give them knowledge or ideas.

The second theme to emerge involved the qualities a therapist should have. Clients believed that a therapist needed good listening skills, have the skills to maintain control of the session, and be caring and perceptive.

Both themes demonstrate how if one's expectations about the process of therapy and qualities of the therapist are not met, isomorphism may not easily occur. For instance, if a clients are expecting a therapist to be confrontive and the therapist is not, the clients may feel that good therapy is not occurring.

Possible Indications that an Isomorphic Relationship Has Occurred

The following excerpts from the transcriptions of the second ethnographic interview indicate that an isomorphic

relationship may be occurring or has occurred with the clients.

Bean Interview

ET: So in essence Mike has a plan?

Jan: He does, to be as unstructured as it is, yes it is.

The first three times I came hear I just kept on waiting for a pow (hits hand with fist). Then I thought later on maybe that's why I don't mind coming back. That's all I could say. Too confusing?

(Later in interview)

ET: How do you know if Mike is or is not meeting your needs?

Jan: Well I had questions about it before, and even Jennifer said in her moments of "I'm not going back to that place" attitude. We were not doing anything we weren't accomplishing anything, but then we have to be accomplishing something because the episodes haven't been what they had been. Things are a little bit better around the house.

(Later in interview)

ET: Right...I don't mean to cut you off but I also know it is time for you to go. My last statement, correct me if I am right or wrong. As a whole you think things are moving in a good positive direction, slowly?

Jennifer: Progressively.

ET: Excuse me?

Jennifer: Progressively.

ET: Progressively?

Jennifer: Progressively, uh ha.

(Later in interview)

ET: My closing remark is that as a Family Center we are in a way doing our job in the way that we are getting you to do somethings different?

Jan: You're not flunking!

Jennifer: I would say you're making an A.

Stuart Interview

Chris: (Long pause) Ah. The only thing I can say is the individual stuff.... I like the idea of bringing in the whole family and dealing with which role everyone plays in the family. The only thing I can base it on is going to an individual therapist and you deal with issues that you have personally.

(Later in interview)

Betty: I think that Frank is good and I have been to a therapist before in couples therapy, three as a matter of fact, three different ones, I think the difference is that I felt with Frank is that I felt he was more removed from the situation. Which in a way that's good, but in a way that's negative for me because I

felt I needed to have a rapport with him. Like I needed an emotional connection.

(Later in interview)

Chris: Well sometimes I feel like we're emotionally involved and we cannot remove ourselves from it and see the whole picture this way. You know, Frank, I feel like he has picked up on some of the stuff that we've said like, "You guys need more time to yourself." Removed left of the situation or whatever. I feel that is helpful because a lot of times for me I'm in it. Right in the middle of the crises or whatever, you know, it helps to have the family therapist like Frank, he can step back and see the whole picture maybe a little bit clearer than we can.

(Later in interview)

Betty: I think that.... One thing. He heard me tonight, he doesn't try to defend by saying this is why I did what I did da da da da...he just heard me and I appreciated that and let's try something else. I appreciate that and he said, "I was wrong." And I didn't know how to ask for what I needed. What I need is some support. I'm real scared, I can handle that routine to.

(Later in interview)

Chris: I don't know, I think for me Frank comes across with a more relaxed approach, down to earth, you know. The individual therapists I've been to, you know, some of them seem real sympathetic with you, lets deal with this, and they will be nodding their head with you trying to work out what you've got, start opening up. I think Frank wants to get right to the point, and is more I feel more relaxed around him. The kids expressed they liked him because he loosened up and joked a little bit.

Betty: He's confident. So when someone is confident in what they are doing it makes them more creditable and I have that feeling of confidence with him. That he is going to be able to see what's going on.

Volkman Interview

Sara: I think Dan is a good bouncing block. I really do, he's great.

ET: By bouncing block you mean?

Sara: He listens very well.

ET: So for him to be doing a good job is for you to come in and....

Sara: Communicate, I think what he does is...he makes me think a lot about the situation, and he gives me different ideas different angles to....

ET: To think about?

Sara: Exactly! It's like a pool table, different angle
different shot.

(Later in interview)

ET: Hypothetical situation...I'm your neighbor down the
street. I don't know the first thing about the
counseling center, therapy or anything like that. How
would you tell me that your needs are being met? How
would you know that?

Sara: Well I'm making progress, I would like to say its
working fine right now. I'm not making the kind of
progress I want to make. Sometimes I think we all
want miracle workers to come in and change everything
over night.

(Later in interview)

Sara: I would simply say it sheds a lot of light, a lot of
different angles. It gets you to thinking about
different possibilities, getting somebody to listen to
you who is biased that can get you to think about it
and show you different angles and perhaps to tell you
that your thoughts are not that crazy after all.
Perhaps what you are seeing is probably realistically
normal or whatever you want to call it. That
compared to somebody who is biased, it's good therapy.

ET: My last question here is, you've answered it though.
To date, do you feel you and your therapist are making progress?

Sara: Yes, I do.

ET: I guess my thing would be playing a person who doesn't know much and I looked into a window. What would I see that's different, that I would say, "Yes they've made progress"?

Sara: (Laughs)

ET: Since the last time I looked in the window which was two months ago.

Sara: Ah, you're seeing a mother that's not quite as frustrated. I don't know so much about my son yet, but you're seeing a mother who is not quite as frustrated. I think that's the biggest difference you would see. To me that's very added progress.

ET: O.K.

Sara: I'm not sitting here batting my head against the wall going, "What in the world am I doing wrong? Why is this going on?" So, yea, you would see progress that way. See a less frustrated person.

Cravitz Interview

Cindy: Well certainly better than the one previously, that's why we are here.

ET: So that's why you keep coming back?

Cindy: Right. There was no rapport established between John and the other counselor and he didn't give me the time of day. He never asked for my opinion, when I say opinion, my thoughts, reactions, et cetera. He never wanted to talk to me. And the other counselor we had is just the school counselor, and it's nebulous at best. They are attacking an issue but not really a personality.

(Later in interview)

ET: You know the difference. How do you know if the therapist is meeting your needs or not?

Cindy: We're coming back, and we are not mandated to be here.

ET: Hmm, hmm. O.K. (To John and Penelope) How do you guys know if he is meeting your needs?

Penelope: If he solves our problems.

(Later in interview)

Cindy: I think things are becoming more defined for me. It was just kind of out there. I knew we were in trouble, but I didn't know where or what. Things are starting to become a little more defined. Putting little labels on things so we can start making some actions and when you make action statements you have potential for change.

(Later in interview)

Cindy: I have a better attitude. I feel like I'm going to get some handles where I can be in control of things I should be in control of and eventually I will be allowed to give myself permission to let go of some things.

Kraus Interview

ET: You think of him that way. O.K. (To Tom) How about you?

Tom: Yea, I guess so. It seems that there might be a little bit of difference in my thinking but I'm not sure what it is. Tracy is more on an our person type level than most counselors I've been at. They are always dressed up and seem so professional.

ET: More of an equal?

Jackie: Tracy is more easy going and down to earth and you can visit and stuff.

ET: O.K.

Tom: But I still think of him as a counselor to, but there is still something different something more down to earth.

ET: Not the same as other counselors?

Tom: I feel comfortable, real comfortable. I have always felt comfortable with Tracy.

(Later in interview)

Tom: I like Tracy as much. I guess that isn't the right word.... I thought he did as good or better than other counselors I'd been at that I've seen before.

ET: O.K.

Tom: I had one I really didn't like at all and another I like a lot as a person but he didn't seem to really get anywhere with us. I felt that Tracy was at least by far the best that I'd seen.

(Later in interview)

Jackie: In a way that I know it's helping to is that I feel like I have a new assessor if I say something and you misunderstand what I say, then I can see if it sounds the same to you as the way he perceived it. That has been a major way that I can say you know it's helping me because I have someone to intercede for me if what I'm saying is misunderstood.

ET: Which fits with both of what you said, another person's perception.

(Later in interview)

ET: How have things become different?

Tom: We have been able to take some things that were abstract and help see them more clearly. Facts of hope, looking for facts of hope. Some of the other little tools and exercises that Tracy has had us both do. I think that's maybe more important what we have

gone through last week and today. Once we realized to look for facts of hope. Again, when you're each thinking it in your own mind it can seem so hopeless and there is no way out. And when you're feeling that way it's pretty hard to look for hope, you don't even care to, it seems like what's the point.

ET: Hmm, hmm.

Tom: Or at least I feel that way when I get real down.

ET: So you have been looking at things differently, looking at them differently not just for them.

Tom: (Shakes head yes) Yea, yea. This has helped to look at things differently and maybe it helps to look at yourself better and maybe you learn to take responsibility for our own things rather than always blaming the other person.

ET: O.K. Jackie have you seen somethings different, to see that you have made progress or feel that you've made progress?

Jackie: Just saying the things that have been in my head for so long, it's been I guess progress. It seems like it set something back, I guess about 100 yards.

ET: It's movement.

(Later in interview)

Jackie: I don't know what will come of it yet. But with what Tracy said tonight...strikes at my cord...just

what he said about the commitment to just a tolerable relationship, just commitment. So that will be changed and progress each time he's thinking these things through.

ET: Hmm, hmm.

Jackie: I'm not sure of what will come of that one, yet, but that is not acceptable to me.

ET: You are very articulate people and its very helpful to hear these comments.

Discussion. Two themes emerged regarding information that indicated that an isomorphic relationship had occurred or was in the process of occurring. One theme was the client's self report of changes that they were pleased with. References were made to things being better around the house, having better attitudes, looking at things differently, progress was seen, and that they were coming back. These references indicate the importance that change plays in therapy. Clients want to see change so they feel like they are accomplishing things in therapy.

A second theme to emerge was the characteristics of the therapist. Clients seemed to feel more positive about therapy if the therapist was able to be perceptive, have a plan, heard the clients, was relaxed and down to earth, and moved progressively during therapy.

These themes indicate that a therapist needs more than positive interpersonal skills to facilitate a cooperative and productive client-therapist relationship. Clients expect their therapist to be organized, have a plan, and induce positive change so that clients feel they are making progress.

Possible Indications that an
Isomorphic Relationship Has Not Occurred

The following excerpts from the transcriptions indicate that work may need to be done so that a better fit can become possible between the therapist and clients.

Bean Interview

Jan: So I don't know because I don't think we've gotten to where we need to get to but that's the bottom.

Jennifer: The bottom.

Jan: The bottom is the bottom.

ET: O.K. I'm not your therapist and I'm not aware of a lot of what is going on in your case and ah....

(Later in interview)

Jan: Then it's just a freefloating things. If things seem O.K. then what I want to know is are we taking too long, are we taking too long as opposed to some other families you might see?

ET: You would have to ask your therapist that. I couldn't tell you.

Jan: I mean how long is long? How much longer should we anticipate going on? I don't know.

(Later in interview)

ET: O.K. I don't want to pick on Mike, but let's say any therapist, I will pick on Mike, it's not picking on him just using him as an example, what do you think he needs to do to get you to move toward that?

Jan: Well I guess somehow I had an idea that sooner or later Jennifer could sit in this room with her father, really, I don't mean imaginary in a chair, or playlike or anything. I mean really have him come to this counseling session which he may or may not do. It's a 50 50 deal I think he might do it.

ET: How about you Jennifer. What would Mike have to do to get you to the end do you think?

Jennifer: Huh! I don't know. I really don't know. I mean I've never thought about it.

Stuart Interview

ET: Would you say that a suggestion, not particularly for us, but say the field of family therapy would be to give the opportunity to eliminate trash?

Betty: Yes. Or point it out when you're in old stuff, I think.

(Later in interview)

Betty: He seemed more clinical. And last week I told him I felt there were people behind the glass and everybody made predictions and nobody gave me feedback like this is what we see you doing. We have 55 years of experience and it seemed like everybody sat back in their chair. What I needed was help, I'm in a crisis and I'm scared. I may not have said that real well, but I was angry because I needed something like, "These are all your options." Real specific.

ET: Right.

Betty: I felt like I was drowning.

ET: And he didn't give them to you?

Betty: Not specifically, I didn't feel my needs were met, but I may not have asked.

(Later in interview)

Betty: I think it's building trust to. I haven't been here that long but we are also in the middle of a crisis which is scary because it's like automatically you want to trust this person because you know what you're doing isn't working yet you can't build trust in the middle of a crisis, which is scary and like I say, I told him I felt angry which is risky for me because I didn't need predictions, I needed helpful solutions.

(Later in interview)

Chris: I know for me last week I left like, gosh, we didn't get nothing. You know, because Frank said, "You got all your tools". You know, they didn't even give us solutions from in back of the window (referring to the one-way mirror), they just gave us some projections of what they saw might happen, two or three things that might happen. Well, hell we knew that. So last week I left feeling empty, but we have been coming five times and that was the first time, and again it goes back to asking for what you need.

Betty: Hmm, hmm. I thought behind the glass they were going to tell me what they saw. You know, this is what we see you doing, da da da. Not to tell me what to do, but just give me feedback that would be objective about us.

ET: So you felt the team was suppose to give you feedback that would help you with your solutions?

Betty: Yes, I was pissed! And maybe it was just that I had the whole deal wrong. Assumed, because I assumed they were back there. I kind of felt ripped off because I felt they are learning from me, and telling me I've got all the tools. So why am I here? They are taping me (referring to the videotape), I felt like a guinea pig.

(Later in interview)

ET: Let me see if I got this. O.K. Coming here and getting options you can use as solutions and then being able to leave here and have enough options to try out is what you like. Like you say, "It helps your attitude, whew, we got something done." Last week when you didn't get that it was irritating. Did I get that all in there right?

Chris: Hmm, hmm.

Betty: It wasn't irritating, I felt angry!

ET: Pissed off I think you said, O.K. well that's all I have. It's twenty after eight and I've kept you this long, I apologize.

Volkman Interview

Sara: Yea, exactly, and that's how I see Dan. The only thing I don't like is I think the window and camera are very intimidating to children.

ET: Hmm, hmm.

Sara: Perhaps maybe if you had something for young children like my children that would make them want to come in here because to me this is intimidating for a child.

ET: Hmm, hmm.

Sara: White walls, window, camera, no toys. There is nothing neat to look at.

Cravitz Interview

Cindy: I think you need to ask that a little bit later. I don't know what some of our needs are. We haven't gotten into it enough to know what our real, Tracy is having, we're strangers to him I'm sure as a family model we are not that unique but at the same time we are unique because of our personalities, because he is having to get to know us, to know where to probe. He doesn't know what our needs are yet, he has some ideas, and I don't know what our needs are, that's part of the process here. So at this point I would just say we are all searching and that's nice because of preconceived ideas that's where I would be coming from, for instance.

Kraus Interview

Jackie: I guess I don't know a lot of counselors but I felt like at first, until the last week or so that we were basically we were on a fix it trip. That we were, we had things all figured out that it was just kind of a quick cure type of thing. I felt uncomfortable with that. Not that that's not a viable way for therapy, but I just felt like when we first came, I guess I was uneasy that it took four or five weeks and then Tracy thought we were done with our therapy when in my mind we hadn't even started yet and

that was in my way I felt like he didn't have the perception. I just kind of racked it up I guess to never being married I thought he has never been married or raised kids so maybe because he is not a female he doesn't have the same perception as I do.

ET: Perhaps a married female with children or a person someone who has been married, female with children would have a different that would have fit better?

Jackie: I guess, maybe. Personally, I kind of think of females as being more sensitive to things that aren't right on the surface. More sensitive to subconscious messages is what I think of. Maybe that's not the way it is, but that's...I didn't feel like we were getting that until I had to...until it just came all out on the floor.

ET: So perhaps other counselors might be more sensitive to the things you are not saying.

(Later in interview)

Jackie: It was all real superficial to me. It wasn't I guess I have different layers of consciousness or different layers of reality. Just goes from the more superficial to the heart of things. I feel like I'm pretty well in touch with that and that if I'm not able to relate at that level that's the hardest to get to. I know...I know that it's not a deep sense of

feeling. It's more than just like this lever out you just put a bandage on it.

ET: So if it feels superficial it's not meeting your needs.

Jackie: For an extended period of time.

ET: Oh O.K.

Jackie: This is good evidence of the way you get started.

I just figured this was the way you get started.

That's why it didn't...I wasn't really floored.

Maybe that was just the method Tracy used to get things to come to the surface to. You know, just say, "I guess we are done.", and just to have that reaction. That's the way you start just to get to know people. You don't start at the core very often. There are very few people who just really open up. And usually that is precipitated by some kind of an event or experience with them. To just come into an office to be with somebody you have never seen before in your life....

(Later in interview)

Jackie: You know the last time you came here you asked us these questions about the building and stuff. And I was thinking as I came here tonight...you know there are no female magazines out there.

ET: That's true. I bring some from home and the rest I get from the hospital. I should probably bring in a female magazine...Good Housekeeping.

Jackie: Ladies Home Journal, yea. (Laughter).

Discussion. Three themes emerged regarding indications that an isomorphic relationship has not, or may not occur. One theme involved the physical characteristics of the Family Center. Clients mentioned dislikes for the mirror, camera, white walls, no toys, and no female magazines. This information is important because it indicates that isomorphism can occur before clients meet their therapist, and perhaps, even if a therapist and client have become isomorphic, the physical characteristics may influence the depth of the fitting process.

A second theme that emerged addressed what the clients needed from therapy. Clients indicated that it was important for them to understand their needs, have structure, eliminate trash, and be given options. When the therapist and/or team did not deliver regarding these needs, clients felt frustrated, confused, and angry. Quite possibly, clients seek summary statements from their therapist that addresses where they are at in therapy and where she feels the therapy session needs to go.

A final theme that emerged was the therapists style. Clients did not appreciate it if the therapist seemed to be

on a fix it trip or was superficial. Again, clients seemed to indicate the need to have an evaluation statement that included the recognition of feelings, thoughts, and behaviors.

The importance of these findings is that physical characteristics, even after four or more sessions, can continue to be an influence on the client-therapist relationship. Also, it appears that reflective listening is a necessary but not sufficient behavior in therapy. Although clients became upset when they believed they were not clearly understood, they also became upset if the therapist did not deliver options or have structure during therapy sessions. Therapists need to be able to identify feelings and thoughts of clients, but at the same time be able to step back and be "objective".

Ethnographic Interview Three

Bean Family

The family characteristics and situation have already been described. Session eleven was conducted with a co-therapist as a live session for professionals in the community to observe while attending a one-day workshop on treating adolescents. The following transcription is of the ethnographic interview that followed session twelve.

Ethnographer (ET): Last time we talked we basically discussed the differences and similarities between

counselors, psychologists, and therapists and that in essence was the interview. Do you have any questions about that interview or anything that has been going on since?

Jan: What are you? What is this group? Counselor, therapist or psychologist?

ET: Therapist.

Jan: Therapist?

Kathy: Therapist?

ET: Marriage and family therapists.

Kathy: I can't even say those words.

ET: You will.

Jennifer: See those pants she's got on, I want black ones like that.

Jan: You can say therapy.

Kathy: Therapy

ET: There you go.

Jennifer: Therapy.

ET: So basically as you know we do these interviews so we can provide a better quality service. You're in a position you have experienced pretty much the gamut, especially with Friday, so you are in a great position to give us a lot of good feedback and I am going to take advantage of that now. Since you have been here what do you think we could improve upon?

Kathy: Nothing. It's going just fine.

ET: How is it going just fine?

Kathy: We come.

Jennifer: Well actually something has got to be working or at least one of us would not be sitting here. I'd be dead.

Jan: Oh yea, she was approaching the....

Jennifer: The outer limits of the Twilight Zone.

Jan: No more life on earth.

ET: So what would be a positive or did you have a negative?

Jan: First of all, well this doesn't have anything to do with what you said. My children, my family is learning that if they have something they need to work out that they can go someplace and learn or grow or whatever. (To Barbara) I don't want you to hurt yourself. (To ET) That's one thing I am very pleased with because I have never been in a situation where there was anyone else involved except just me. And when this first started I really didn't know how it would work. When you first interviewed Jennifer you really zeroed in on her about a lot of things. I don't know if it did anything to your memory or not, but you really picked up on the fact that she really didn't have friends, she didn't want to spend time

away from home and you couldn't barely get two words out of her mouth. Well the latest thing this past weekend involved not one but two people coming over on Saturday night.

Kathy: Yea.

Jennifer: Nope, nope.

Jan: And she is interchanging.

Jennifer: Well my social life is picking up.

Kathy: Her love life is too.

Jan: She can get a little hairy every now and then but it doesn't seem to get as out of control like it did and somehow or another if it ever does again if we are not here than in two weeks we are going to be ASAP.

Jennifer: Sit down Kathy, please.

Jan: Because not...this is where I want to go back to church. Not for the cathartic, you know, "Hit me, hit me, hit me" part of it, but the, "I'm tired of going around this maze so let's do something else." Get me someplace else, get me to another rut.

ET: Hmm, hmm.

Jan: (To Barbara) Please sit down.

ET: What would you say is the most positive thing that has gone on?

Jan: You're looking at three people under the age of twenty that have positive identification, I mean a positive thing about counseling.

ET: O.K.

Kathy: Who three?

Jan: Believe me that's important.

Kathy: You, and who else.

Jennifer: She said under the age of twenty.

Jan: You wanted to say something, what did you want to say to him?

Kathy: Nothing.

Jan: You were breathing real heavy. You wanted to say something.

Kathy: (Breathes heavily) Like that, nothing.

Jan: Yea, O.K., I'm sorry.

Kathy: Nothing. Three people under the age of twenty, four people.

Jennifer: Three people, one over thirty-five.

ET: If you were to explain to a neighbor or friend the things that have gone on in here to this point both positive and negative what would you have to tell them.

Jan: I'm trying to think of who the most negative person in the family is. (To Jennifer) Tell him something negative about this.

Jennifer: Negative about coming here?

Jan: Hmm, hmm.

Jennifer: Other than it takes a dip out of our hour of putting the children to bed.

ET: Well how would you explain the positives to someone? What would you tell them if they asked?

Jennifer: Well everything...everything is getting back on the railroad track. I guess I could say. It's kind of like a train that had gotten a little overboard. Everything is kind of working out gradually. It's kind of like a drop cloth, just being removed and it's like, wow, you know you can actually see what's going on and actually evaluate your actions and reactions.

Jan: Do you go through that mental thing?

Jennifer: Yea, I evaluate everything.

Jan: Great, I hope you don't evaluate the car you want very well.

Jennifer: Just as long as it is an 84 Camaro.

Jan: Positive things! We've talked about this before and I don't want to repeat myself but I'm a single parent with a teenager. I never thought that was suppose to be a big deal (Laughs).

ET: How would you evaluate Mike?

Jan: (To Jennifer) How would you evaluate Mike? He just....

Jennifer: He's positive, he wants to get right down to business, he wants to know what the situation is, what's happening. Which I can understand. He's an outside person looking in, and he's been trained or he's been taught how to evaluate.

ET: Are those things you said bad things or good things?

Jennifer: Good things.

ET: O.K.

Jan: In this room, circumstance I never feel like I'm being jerked in some direction. Does that make sense to you?

ET: Hmm, hmm.

Jan: So that I want to say this. If we are being lead somewhere in a methodical type of way it seems to be absolutely random. It doesn't really seem methodical or like we are coming to this, ah, Roman numeral three, capital letter a.

ET: Would that be a negative type of thing?

Jan: Well I consider that a positive thing. I think that you get the feeling that what he is sitting here for is absolutely, positively, 100% her, her, her, and her, and you don't think about Mr. and Mrs. A, B, C, D over here or the people over there. Does that make any sense?

ET: Hmm, hmm.

Jan: I call that a positive thing. Don't you think that it is very natural thing for there to be some kind of a barrier between anybody sitting in the chair you are occupying right now and the people sitting here? I would think it would be a very natural thing for there to be a barrier here, but I don't think there ever really was. Did you ever see a barrier.

Jennifer: No.

Jan: I mean something that would keep you from saying something.

Jennifer: No.

ET: Go ahead (to Kathy with hand raised).

Kathy: Well it's way beyond time because you were talking and I think we passed what I was going to say.

Jan: What were you going to say?

Kathy: I forgot.

Jennifer: She's sitting here doing this (waving hand).

ET: Well I guess the last question then is, of the experiences you have had here what is the one that most stands out? Go ahead (to Kathy with hand raised).

Kathy: And he understands what we feel.

Jan: That's important isn't it.

Kathy: Yes.

ET: That's good.

Jan: Mike understands what we feel.

Kathy: Well he does.

ET: That's good because sometimes that doesn't happen. So
that means he's doing a good job.

Kathy: Who is?

Jan: Mike.

Kathy: Yep.

ET: (To Jan) What's the one thing that stands out most
for you?

Jan: Well I thought Friday.

ET: What? You thought Friday?

Jan: I thought Friday was just really great. What's the
word for Friday.

Jennifer: Fascinating.

Jan: Pivotal.

Kathy: Pivotal?

Jan: Pivotal, fascinatingly, pivotal!

Kathy: I don't even know these words.

Jennifer: Fascinating, pivotal.

Jan: Shh, don't take this man's time.

ET: O.K. So Friday was....

Jan: Pivotal, say that word.

ET: Pivotal.

Jennifer: See, pivotal, that's what I was saying.

Jan: You were saying pivotable.

ET: (To Jennifer) Do you have anything that stands out most?

Jan: Jennifer?

Jennifer: No.

ET: O.K. Well then I think I will let you go.

Barbara: Yea!

ET: Thank you very much.

Barbara: Goodbye!

ET: Goodbye.

Jan: You came here to see him, now you're gone.

END OF INTERVIEW

Cravitz Family

The family characteristics and situation has already been described. Ethnographic interview three was conducted following session seven and the transcription of the interview follows. Although the third ethnographic interview was schedule to follow session eight, it was decided to conduct the interview after session seven so their new therapist would know more about this family and their needs, since their primary therapist was terminating employment at the Family Center.

Ethnographer (ET): I can't remember exactly what you called Tracy the last time. You called him a counselor?

Penelope: A talker.

ET: A talker, what did you call him (to John)?

Penelope: He called him a questioner.

Jan: I don't remember him calling him that.

Penelope: A questioneer.

John: I don't remember saying that.

ET: So maybe a counselor, talker? Do you think a counselor let's call it counselor just for now, does the same things as a psychologist or therapist?

Cindy: It depends on what the definitions are.

ET: Well maybe just use the narrow definition that is in your head. Does, Tracy, your counselor do the same thing as a psychologist does?

Cindy: I don't know.

ET: (To John) Any idea?

John: (No response).

ET: Na, O.K. well that's the next question. What's the difference between a counselor and a therapist? Any idea? Are they all the same?

Cindy: You're talking to a family that has never done this.

ET: Yea, I know.

Cindy: So it's impossible. Well I guess it's not impossible but we are not the right family to be identifying because we haven't had any past experience.

ET: Well sometimes people get ideas from media, T.V., school, have ideas about what certain people do. That's all.

Cindy: Oh, O.K.

ET: So it's not a right or wrong we just don't know what people think about certain titles.

Cindy: I think a therapist is more medical.

ET: Oh, O.K.

Cindy: I don't think I would go to someone who is more medical. That's not what we are here for.

ET: O.K.

Cindy: We're here for counseling not therapy.

ET: O.K. I think that's a good distinction. How about a counselor and a psychologist? Do you think of them in the same way or do you think of them as different?

Cindy: Well, psychology. A psychologist is a narrower scope. A counselor can have a variety of degree programs. We do counseling, I even do counseling, so I can be a counselor even though I don't have a shingle.

ET: O.K. So a psychologist is more defined and restricted. How do you think your counselor is doing in comparison to other counselors? I know you haven't seen other counselors, but how do you think he is doing to how other counselors might be doing?

Cindy: Evidently he is meeting our needs or we wouldn't be coming back.

ET: O.K. Do you think it would be easy to find someone who does basically the same thing or harder to find someone who does the same thing?

Cindy: There are a lot of people out there who have a counseling shingle. Professionally capable of doing it, but unless they were recommended by someone I wouldn't go to them.

ET: O.K. Oh boy! These are hard questions because you have nothing to compare them to.

Cindy: Hmm, hmm. Right.

ET: What makes a good counselor? Any ideas. (Long pause)
None, zip, zero.

Penelope: A person who solves our problems.

ET: Solves it! Good! Good! What else? Other ideas.

Cindy: A person who struggles with us (laughs).

ET: You're in good company. You're in good company. (To John) Any ideas from you? None. I can write that down easily. How do you know if your therapist or counselor is or is not meeting your needs? How do you know?

Cindy: When you go home frustrated and you feel that maybe there are some avenues or solutions and if you go home frustrated....

ET: That way you know he is doing it?

Cindy: Then he is not doing a good job.

ET: Not doing a good job, O.K.

Cindy: We just go home with directions and frustrations rather than some directions, or maybe getting out of the quagmire.

ET: O.K.

Cindy: When I say we had no experience we had two sessions with Metro Counseling Center and the reason I didn't continue was because I didn't feel like my questions were being answered.

ET: You all three had?

Cindy: No, it was just David.

ET: Oh.

Cindy: But as the parent paying the bills I never was consulted on anything. And I was never kept informed. I mean I knew that his sessions with David were confidential, and that is not why I was asking. I was asking are we getting anywhere. All these battery of tests that you are taking. What do they mean? How are we spending our time? I couldn't get him to even address those issues. So I'm not even going to continue to go to someone like that.

ET: So being informed about the process and progress is important to you. You know your therapist is doing the job if you feel like you are informed.

Cindy: Right.

ET: O.K. Not going home frustrated but rather going home with some direction? O.K. This is a tough question, there is only a couple more left. If you were going to describe your process here to some friends how would you tell them your needs were or were not being met? If you were telling friends. It could be your friends, you could say, "Yea I think our needs are being met. We are getting somewhere because or we are not getting somewhere because."

Cindy: Well, I've told several people. Friends and also those of us who have the opportunity to recommend services that this is a novel or what I consider a novel approach, and worth considering.

ET: So your needs are being met because of the approaches we take?

Cindy: Yea, I mean it's not what I expected so I feel like...I think it's very cost effective to parents like me who are on very, very strict budgets, plus the fact no matter how good Tracy is or anybody is they are only one mind, and the fact that you have group

interaction and also conferencing between sessions that's to me a very secure feeling.

ET: People taking part in gluing their minds together.

Cindy: I think you are getting a lot of different ideas, a lot of different angles because everyone comes as a counselor skewed with his or her own experiences and interpretation of events, but with three, four, or five working together there are more angles going to be addressed.

ET: One time I figured out there was about five hundred and forty dollars an hour including the therapist in the room with what people normally charge. Pretty good bargain. This is kind of a general question. To date, up till today, do you guys think you and your counselor are making some progress? (Pause) John, is that a no vote? How about you (to Penelope)?

Penelope: I don't know.

ET: Not sure.

Cindy: I don't know if it's progress or not. I mean I know it's a slow go and I don't, think we will know where we've been until we've gotten past the hill. I don't know if it's progress or not but I feel like if it doesn't do anything else it makes us as a family sit down and talk for one hour.

ET: That's good, maybe that's progress.

Cindy: I think it is.

ET: Pretty fast paced family. How have things become different?

Cindy: How have they?

ET: Yea, beside your sitting down once a week and talking.

Cindy: I'm a little more reflective but I also am encouraged that...I hate to say this in front of the kids but I might as well I think it's good for the children to hear, they hear me all the time and it's not a pleasant process a lot of times for them.

ET: I'm here.

Cindy: They hear me venting frustrations a lot in front of another adult who is working with other adults, and I think it comes back some of the things that have been said, "Hey moms not all out there you know in left field. Maybe, just maybe, we need to straighten our act up a little bit," and as I get that then I'm going to be more tolerant of some of their issues, but I have come to the point that I have to have some respect from them and over time I think this is going to evolve.

ET: Have they begun to be different?

Cindy: In small ways.

ET: O.K., O.K.

Cindy: We haven't made any great strides, but we have in small ways, I can see. But I don't know whether they do or not.

ET: Good. I don't know, I don't know, and yea sort of. Everybody's got a different....

Cindy: I'm thankful for anything at this point (laughter).

ET: Everybody has a different perspective. So it may not look like progress from someone else's eyes. What do you believe your counselor could do to start things moving in a positive direction?

Cindy: (To John) Since you said no I think you are the one who should address that.

John: I don't know.

ET: We are trying to help other families. They don't see this film but it gives us ideas of how can we from a kid's perspective, from an adolescent's perspective, what could your counselor do to help you move? (To Penelope) Tell me your name again.

Cindy: Tell him Penelope.

Penelope: Penelope.

ET: Penelope, O.K. do you think that things could be moving in a better way if Tracy did something different?

Penelope: No.

ET: No? Come up with anything David?

John: (Shakes head no).

ET: Nothing you need, O.K.

Cindy: I will say this. They are not as adamantly opposed to coming. They say, "Do we have to go," I say, "Yea you have to got, get in the car," and I don't' get flack like I sometimes used to.

ET: Is there anything you could think of that could be different that Tracy could do differently that would get things moving?

Cindy: Well I think a lot of it is our problem, I mean. It's our responsibility, I think he can facilitate things if we open up to him but as long as we are closed to the possibilities that if we shared them maybe something good can happen. He's at a stumbling block.

ET: Hmm, hmm.

Cindy: He isn't working with all the building blocks.

ET: So maybe he needs more information from you?

Cindy: It's not a matter...I mean he asks the right questions but when he gets a shrug or no response or nothing it's very hard to work with. It has to be very frustrating to work with on his part.

Expectations of Therapy

The following are excerpts from transcriptions of the third ethnographic interview that indicated the client's

expectations of therapy.

Cravitz Interview

ET: So it's not a right or wrong we just don't know what people think about certain titles.

Cindy: I think a therapist is more medical.

ET: Oh, O.K.

Cindy: I don't think I would go to someone who is more medical. That's not what we are here for.

ET: O.K.

Cindy: We're here for counseling not therapy.

ET: O.K. I think that's a good distinction. How about a counselor and a psychologist? Do you think of them in the same way or do you think of them as different?

Cindy: Well, psychology. A psychologist is a narrower scope. A counselor can have a variety of degree programs. We do counseling, I even do counseling, so I can be a counselor even though I don't have a shingle.

(Later in interview)

ET: What makes a good counselor? Any ideas. (Long pause)
None, zip, zero.

Penelope: A person who solves our problems.

ET: Solves it! Good! Good! What else? Other ideas.

Cindy: A person who struggles with us (laughs).

ET: You're in good company. You're in good company. (To John) Any ideas from you? None. I can write that down easily. How do you know if your therapist or counselor is or is not meeting your needs? How do you know?

Cindy: When you go home frustrated and you feel that maybe there are some avenues or solutions and if you go home frustrated....

ET: That way you know he is doing it?

Cindy: Then he is not doing a good job.

ET: Not doing a good job, O.K.

(Later in interview)

ET: So being informed about the process and progress is important to you. You know your therapist is doing the job if you feel like you are informed.

Cindy: Right

Discussion. Only with the Cravitz family was enough information solicited to be able to see themes emerge about what they continued to expect from therapy. The Cravitz's indicated that they wanted to be able to have someone help solve their problems, struggle with them, keep them informed about the therapy process, and send them home with solutions. The importance of this information is that even after a client and therapist have supposedly joined, clients continue to have certain expectations about

therapy. For example, Cindy Cravitz continued to want to be informed about how therapy would continue to proceed with her family, particularly with John. Without summary statements that indicated a plan by the therapist, the isomorphic relationship that had occurred may have been placed in jeopardy.

Possible Indications that an
Isomorphic Relationship Has Occurred

The following excerpts from the transcriptions of the third ethnographic interview indicate that an isomorphic relationship may be occurring or has occurred with the clients.

Cravitz Interview

ET: O.K. So a psychologist is more defined and restricted. How do you think your counselor is doing in comparison to other counselors? I know you haven't seen other counselors, but how do you think he is doing to how other counselors might be doing?

Cindy: Evidently he is meeting our needs or we wouldn't be coming back.

(Later in interview)

Cindy: Well, I've told several people. Friends and also those of us who have the opportunity to recommend services that this is a novel or what I consider a novel approach, and worth considering.

ET: So your needs are being met because of the approaches we take?

Cindy: Yea, I mean it's not what I expected so I feel like...I think it's very cost effective to parents like me who are on very, very strict budgets, plus the fact no matter how good Tracy is or anybody is they are only one mind, and the fact that you have group interaction and also conferencing between sessions that's to me a very secure feeling.

ET: People taking part in gluing their minds together.

Cindy: I think you are getting a lot of different ideas, a lot of different angles because everyone comes as a counselor skewed with his or her own experiences and interpretation of events, but with three, four, or five working together there are more angles going to be addressed.

(Later in interview)

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Bean Interview

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Kathy: Nothing. It's going just fine.

ET: How is it going just fine?

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Jennifer: Well actually something has got to be working or at least one of us would not be sitting here. I'd be dead.

Jan: Oh yea, she was approaching the....

Jennifer: The outer limits of the Twilight Zone.

Jan: No more life on earth.

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mouth. Well the latest thing this past weekend involved not one but two people coming over on Saturday night.

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ET: Hmm, hmm.

(Later in interview)

ET: Well I guess the last question then is, of the experiences you have had here what is the one that most stands out? Go ahead (to Kathy with hand raised).

Kathy: And he understands what we feel.

Jan: That's important isn't it.

Kathy: Yes.

ET: That's good.

Jan: Mike understands what we feel.

Kathy: Well he does.

(Later in interview)

ET: What? You thought Friday?

Jan: I thought Friday was just really great. What's the word for Friday.

Jennifer: Fascinating.

Jan: Pivotal.

Kathy: Pivotal?

Jan: Pivotal, fascinatingly, pivotal!

Kathy: I don't even know these words.

Jennifer: Fascinating, pivotal.

Discussion. Two themes emerged indicating that an isomorphic relationship had occurred between the therapist and clients even after seven or more sessions. One theme regarded the results experienced during therapy. Quite possibly these experiences increase the confidence of the clients in their therapist. Reference was made that clients felt they were back on track, were coming back to therapy, the family was sitting down and talking, and one client indicated she was becoming more reflective, while another client commented that she was still alive.

A second theme that emerged from these ethnographic interview involved the actual therapeutic process. Clients

remarked about the process being positive, novel, and cost effective. The novelty and cost efficiency was particularly focused on the team approach, and indicated that even though such an approach may initially create apprehension, clients do fit with such a process.

The importance of this information is that it indicates the value of results during therapy in fitting and maintaining an isomorphic relationship with clients. Regardless of the therapy approach taken by a therapist, if clients believe the service delivery is a good value, the isomorphic relationship may be easier to create and maintain.

Possible Indications that

Isomorphic Relationship Has Not Occurred

The following excerpts from the transcriptions of the third ethnographic interview indicate that work may need to be done so that a better fit can be created between the therapist and clients.

Cravitz Interview

Cindy: When I say we had no experience we had two sessions with Metro Counseling Center and the reason I didn't continue was because I didn't feel like my questions were being answered.

(Later in interview)

Cindy: But as the parent paying the bills I never was consulted on anything. And I was never kept informed. I mean I knew that his sessions with David were confidential, and that is not why I was asking. I was asking are we getting anywhere. All these battery of tests that you are taking. What do they mean? How are we spending our time? I couldn't get him to even address those issues. So I'm not even going to continue to go to someone like that.

(Later in interview)

ET: Is there anything you could think of that could be different that Tracy could do differently that would get things moving?

Cindy: Well I think a lot of it is our problem, I mean. It's our responsibility, I think he can facilitate things if we open up to him but as long as we are closed to the possibilities that if we shared them maybe something good can happen. He's at a stumbling block.

ET: Hmm, hmm.

Cindy: He isn't working with all the building blocks.

ET: So maybe he needs more information from you?

Cindy: It's not a matter...I mean he asks the right questions but when he gets a shrug or no response or

nothing it's very hard to work with. It has to be very frustrating to work with on his part.

Bean Interview

Jan: I'm trying to think of who the most negative person in the family is. (To Jennifer) Tell him something negative about this.

Jennifer: Negative about coming here?

Jan: Hmm, hmm.

Jennifer: Other than it takes a dip out of our hour of putting the children to bed.

(Later in interview)

Jan: So that I want to say this. If we are being lead somewhere in a methodical type of way it seems to be absolutely random. It doesn't really seem methodical or like we are coming to this, ah, Roman numeral three, capital letter a.

ET: Would that be a negative type of thing?

Jan: Well I consider that a positive thing. I think that you get the feeling that what he is sitting here for is absolutely, positively, 100% her, her, her, and her, and you don't think about Mr. and Mrs A, B, C, D over here or the people over there. Does that make any sense?

ET: Hmm, hmm.

Discussion. Perhaps, since both families had been in seven or more sessions of therapy, they had created a sufficient isomorphic relationship because neither family made a statement that would indicate that the isomorphic process was in jeopardy. Jennifer Bean indicated that the only negative experience they were having with the therapy process was that it took some time away from putting the children to bed. Cindy Cravitz referenced how she was disappointed with a previous counselor who would not keep her informed about the therapy process. This was valuable information because it helped the therapist understand what was expected of him by Cindy Cravitz throughout therapy.

SECONDARY RESULTS

Pre-Domain Analysis

Following the protocol of Spradley (1979), the pre-domain analysis is to discover folk terms that are used as nouns. The purpose of this task is to learn the language of those being interviewed.

Semantic Relationship

X is what you do here

Included terms and/or phrases. Marriage counseling; counseling, guidance, family therapy, and therapy.

Elaboration. Despite the information given to clients (i.e., free assessments, brochures) that described the process at the Family Center as family therapy or therapy,

clients continued to use such terms as counseling, marriage counseling, and guidance. Such usage of terms may indicate that people hold different perceptions of the treatment they are receiving. For example, in the previous discussion Cindy Cravitz believed that therapists are more clinical and medical. Possibly, she felt other clients at the Family Center were receiving such treatment, but her family was not. These phenomena may indicate the power of preconceived ideas, because the term counseling was not given up.

Semantic Relationship

X is his/her title.

Included terms and/or phrases. Marriage counselor; counselor; shrink; therapist.

Elaboration. Regarding the title of the helper, the same logic could follow as that of X is what you do here. If, for instance, Cindy Cravitz was desiring some medical treatment she may have referred to their helper as a therapist instead of a counselor. Regardless of the title of the helper, clients have expectations and beliefs about such titles before entering therapy, and quite possibly, if a client's expectations about such titles are not met they may feel they are not receiving appropriate treatment.

Semantic Relationship

X is the place.

Included terms and/or phrases. Willow Creek; the place.

Elaboration. Despite the Family Center being called the Family Center in writing and speech, no one referred to "the place" as the Family Center. One possible explanation for this finding is the clients only remembered the more global name of the Family Center (Willow Creek). Typically, clients would be referred to the Family Center via Willow Creek which was listed in the yellow pages. A second possible explanation for this occurrence is that both phrases, Willow Creek and the place, are more neutral than the Family Center. The name Family Center may have been perceived by clients as too descriptive of the situation and they chose not to use it.

Summary

It is important to note that the clients preconceived ideas about the activities done at the Family Center, title of their helper, and the place, never changed. The clients were continuously exposed to brochures and appointment setting procedures that addressed the Family Center as a place where therapists do therapy.

Domain Analysis

Spradley (1979) described three types of ethnographic questions: descriptive, structural, and contrast. The responses to these questions are discussed in terms of the semantic relationships.

Semantic Relationship

X is the physical appearance of the Family Center.

Included terms and/or phrases. Modern; relaxing; not institutionalized; pretty pictures; shiney roof; shrubs; neat doorways; new; mud in the driveway; nice trees; real spacious; big; oval shaped; nice; classroom setting; open; strong business attitude; professional office building; friendliness; nice; air-conditioned; comfortable atmosphere; clean; nice roof; one side of roof with air-conditioner; noticeable; really beautiful; nice interior; comfortable chairs; not so elegant you are not comfortable; looks affordable (interior); very nice; big copper top; large waiting room; beautiful atmosphere outside; clean; open; comfortable; not confined.

Elaboration. The Family Center is a new development on the 55 acre wooded campus of the Willow Creek Adolescent Center. Also, it is a very modern piece of architecture. The campus is well developed and created an atmosphere of openness. The importance of this finding is that it illustrates how an isomorphic relationship can begin to

occur prior to therapy. Both the internal and external features of the Family Center were generally viewed as positive and seemed to set the tone for how clients perceived the Family Center staff (i.e., professional and friendly).

Semantic Relationship

X is the role of a therapist or Family Center.

Included terms and/or phrases. Help us get to the bottom of this; counseling; therapy; sounding board; get things out; teaching; educational; referee; umpire; friend; professional; facilitate problem solving; be objective; get us thinking; talk to us; ask questions; clear up problem; use strength of family; suggest better ways of working out our problems; real simple counseling; increase communication skills; improve family dynamics; deal with severe behavioral problems; talk to people; sort things out; sort out problems; help families; bring our thoughts together; sort out inequities; objective guidance; be our guide to achieve goals; help us; decipher what he hears and gives us direction; find direction; bounding block; makes me think; gives me different ideas and angles; help us work on things we can't on our own; help us communicate; help us get through situations or problems; mediator; instigator.

Elaboration. The role of a therapist, from a client's perspective, fell into three general categories: solve

problems, give direction, create ideas. Clients were usually realistic about the ability of a therapist to solve their problems. They understood that they needed to work equally as hard to resolve their presenting problems.

Frequently, clients were expecting the therapist to give them direction of what to do about their situation. Often times the clients did not know where to start regarding therapy, or what the problem really was and if there was hope for them. It seemed they expected the therapist to give them an evaluation of how she saw their situation and then deliver a plan that would eliminate the problem.

The last category that seemed to be perceived as a role of a therapist was the development of ideas. Clients often believed that they were simply out of ideas about how to handle the situation, and they were desiring more ideas so they could go home and try them out. Also, some clients wanted these ideas very early in the therapy process so they could terminate or at least delay the next appointment.

Semantic Relationship

X is the difference between professions.

Included terms and/or phrases. Psychiatrists can give medication; counselors don't free float, they have a plan; individual therapist can't integrate information; family

therapists deal with between rather than within; family therapists do not deal with personal stuff; family therapists teach how to build relationships, individual therapy you clean out trash; Tracy is more on the person level; a psychologist studies people and tries to figure out the problem; psychologist does not have as much concern for person; therapist is more clinical; therapists test; school counselors just attack an issue; our therapist takes time for us; therapist is more medical; therapist works with you; psychiatrist describes drugs; counselors teach you; counselors give advice.

Elaboration. The primary differences perceived by clients regarding helping professions seemed to be related to what the helping profession was interested in. Psychiatrists were viewed as individuals who administered drugs, and therapists were referred to as being medical or clinical. Psychologists were viewed as being interested in finding out what the problem was, rather than solving the problem. Individual therapists were viewed as being interested in the personal issues a client may be dealing with, and understanding the person. Finally, psychiatrists and psychologists were not usually perceived positively by those clients who discussed these professions.

Semantic Relationship

X is what makes a good therapist.

Included terms and/or phrases. Making you stop and think; makes us review, rephrase or rethink; gives us knowledge; gives us different ways to approach a problem; gives us 100%; understands what we feel; removed from situation; can see whole picture; builds trust; heard me; didn't defend; said, "I was wrong"; down to earth; gets to the point; confidence; down to earth; caring; perceptive; able to read between the lines; someone who intercedes; person who likes to talk; talk about other people's feelings; one who doesn't let us off the hook; doesn't buy into the system; allows us to speak but is in control; asks probing questions; solves our problems; struggles with us.

Elaboration. A good therapist was usually viewed as being active during the therapy sessions. Clients expected the therapist to give direction, solutions, talk, and be objective. A therapist may listen for most of the session, but is expected to give her evaluation of the situation, and then provide some answers for the clients. A good therapist was typically viewed as someone who was doing something to, or with, clients. For example, clients typically believed that a good therapist would make them rethink something they said about their situation, and/or work with them in improving the situation.

Semantic Relationship

X is what makes a bad therapist.

Included terms and/or phrases. Seemed clinical; not giving solutions to problems; someone who is detached; when you go home frustrated; when questions aren't answered.

Elaboration. A bad therapist was typically viewed as someone who was detached and let clients go home feeling frustrated and without some direction. Clients seemed to desire concrete suggestions from their therapist, not indirect, subtle suggestions (e.g., metaphors). This finding may be partially attributable to the fact that clients seen at the Family Center were predominantly blue collar and may have needed concrete suggestions. Perhaps, more importantly, this finding indicates the importance of checking with clients what they expect in therapy. Quite possibly, some clients may expect concrete suggestions while other clients may expect homework which involves experiential, enrichment, exercises. Also, these expectations may be related to the cognitive level of clients.

Semantic Relationship

X is how you know your needs are being met.

Included terms and/or phrases. Realize we are getting into it at home and stop; they want to participate; we come; I'm not dead; she is interchanging; social life is

picking up; things are back on track; someone who confronts us; centering point; when we relate well; turmoil is resolved; put things on same wavelength; talking about the problem; we're coming back; our problems are solved; mom doesn't yell as much; things are becoming more defined; play with more friends; better attitude; cost effective; not as opposed to coming; other counselor had good listening qualities and teaching tools; I'm making progress; I'm seeing more light; shedding light on different angles; gets you thinking of different possibilities; tell you your thoughts are not crazy; I'm not quite as frustrated; I'm not batting my head against the wall.

Elaboration. Although some clients could not say definitely that their needs were being met, they felt their needs must be being met because they kept coming back. Most often, however, clients were able to describe something that was different in their behavior, and as long as this difference was perceived as positive the clients felt their needs were being met. This finding is important because it demonstrates the value placed on change by clients. Also, this finding demonstrates the importance of the therapist being able to negotiate with clients landmarks that indicate positive change has occurred, regardless of how trite. If a therapist can assist clients

in identifying such landmarks, then both the therapist and client can identify accomplishments of the therapy process.

Semantic Relationship

X is how you know your needs are not being met.

Included terms and/or phrases. We were not accomplishing or doing anything; there should be an ending; no options were given; superficial sessions.

Elaboration. Clients felt their needs were not being met if they were not given concrete assignments to do outside and inside the therapy sessions. Also, if some reflective listening was not done, clients felt that the sessions were superficial and not getting to the root of the problem. When these types of comments were made by clients during the ethnographic interview, the therapist attempted to change the process of the following therapy sessions so that the clients' expectations of therapy were being met; in turn, their needs would at least be addressed.

Semantic Relationship

X is the negative experiences you have had.

Included terms and/or phrases. Takes a dip out of hour of putting children to bed; don't have rapport established; advice from those behind mirror; gave us projections not solutions; they are learning from me, but not helping me; nobody is helping us; camera; mirror; on a

fix it trip; quick cure; he didn't have my perception; not sensitive; no female magazines; other counselor didn't keep me informed; gray walls; closed in; can't smoke; window and camera are intimidating white walls; camera; no toys; nothing to look at.

Elaboration. The negative experiences typically focused on two areas: physical setting and therapist-client relationship. Some clients did not like the therapy rooms. Each room was equipped with a mirror and camera. These instruments often made clients very uncomfortable during their sessions. The other category of negative experiences was therapist-client relationship. It seemed that if a client felt her feelings were not understood, regardless of the behavioral problems described, the therapist was not doing her job. Again, for a client to have a negative experience the therapist should not discuss feelings, or give an evaluation of the clients present situation.

Semantic Relationship

X is the positive experiences you have had.

Included terms and/or phrases. Children learn there are places to work things out; zeroed in on her; people who now have positive feelings about counseling; appreciate toys; the receptionist; camera; mirror; team; have made abstract more clear; tools and exercises; started to look

at things differently; saying things that have been in my head; group interaction (team); more than one mind (team); can vent frustrations; flexible payment; not big demand for accurate and conscientiously filled out financial statements; easily accessibly (Family Center); simple paperwork; other counselor fine tuned the skills I had; other counselor showed me what I had; friendly; have things to read; wants to get down to business; I don't feel like we are being jerked around; fascinating; pivotal; other counselor didn't develop rapport; other counselor didn't give me the time of day.

Elaboration. While some clients found the camera, mirror, and team intimidating, other clients viewed these instruments positively. Some clients felt that the more ideas and suggestions generated, the better the therapy session. Also, it seemed that clients would view therapy positively if the therapist was able to describe how the client was feeling, as if reading the clients mind. When a therapist was able to verbalize what a client could not, the therapy experience was considered positive, and it appeared as if the client became more confident in the therapist. This confidence seemed to facilitate the isomorphic process.

Semantic Relationship

X is what needs to be done to move toward the goal.

Included terms and/or phrases. Sit in room with father; get her to talk more; give opportunity to eliminate trash; point out when you are in old stuff; give us ideas that have worked for others; give us options so we can make decisions.

Elaboration. While most clients could not describe what needed to be done to solve their problem, they often expected the therapist to hold this answer as if the therapist knew all. However, some clients were able to describe some events they would like to see accomplished in therapy that would indicate they were progressing. Again, the clients believed that the therapist needed to give or do something in order for the therapy session to move toward the desired goal. When clients were able to describe what they thought would help in therapy, the therapist would attempt to create such a situation so the client would feel heard, and believe things were getting accomplished.

Summary

It became clear from the domain analysis that clients want to have a therapeutic experience that involves a therapist who can help create change, give options and directions, and help them experience progress. Clients in

this study did not want to have intrapersonal experiences, but rather they wanted to have someone give them direction so they could solve their problematic situation.

CHAPTER FOUR.

DISCUSSION

Restatement of the Problem

The purpose of this project was to gather information intermittently during the therapy process through ethnographic interviews. The ethnographer was to re-search with the family the family's expectations, satisfactions, and dissatisfactions they may have had with their therapeutic experience. Kuehl (1987) suggested that ethnographic interviews conducted during the therapy process may act as a cybernetic mechanism in which the obtained information could help the therapist join better with the family. It was anticipated that such information would help the therapist become isomorphic with a family; in turn, deliver a higher quality service and a more fulfilling therapeutic process. The unique aspect of the Re-Search Model is that the information obtained from the interview was utilized during a family's therapy experience; the information was not learned post hoc and used with another family.

Primary Analyses

The purpose of the primary analyses was to discover with the family their expectations of therapy, and whether an isomorphic relationship was or was not occurring.

Expectations

The following themes emerged from families about their expectations of therapy: the therapist should help sort out and solve problems, the therapist should be objective and active during therapy, the therapist should have the skills to facilitate problem resolution, clients wish to be informed about the therapy process, and an evaluation of the current situation and a plan to resolve the problem should be given.

Typically, when families seek the assistance of a mental health professional they are experiencing problems that they can no longer deal with. Often times families attempt to solve the problem by themselves but the attempt is unsuccessful; in turn, when they seek counseling they want help sorting out their situation and hope the therapist is qualified and will remain objective. These expectations are not surprising as they are what family therapists are supposedly trained to do. However, the expectation of objectivity is a double edged sword. While the therapist is remaining objective and delivering "objective" feedback to the family, she may inadvertently be viewed as aligning with certain family members. If any such coalitions are suspected by a family member then the therapist may be seen as unobjective. Herein lies a

potential threat to the isomorphic process, and a therapist must be aware that such a dilemma exists with some clients.

Three expectations that may be a result of how medical physicians conduct business are evaluations of the current situation, a plan of action, and maintaining up to date information regarding the client's situation. When examining a patient physicians make a diagnosis, prescribe something (i.e., medication), give a prognosis, and let the patient know if any improvement is being achieved. In essence, some families expect a very similar process from their therapist. Some families expected the therapist to give them an evaluation of their situation (i.e., diagnosis). For example, Amy Shinkleworth wanted to know if her and Jed were compatible, while Bill and Natassia LaRosa wanted their therapist to tell them if they should try to make the relationship work. While there are many clinical and ethical issues regarding such feedback by a therapist, it is evident that in some cases, a therapist may want to tell the clients what her perceptions are of the situation, and determine if it fits with the family's perception. Furthermore, physicians often prescribe medication, and clients often expect the therapist to deliver similar prescriptions through interventions. It must be noted, though, that clients expected the therapist to have a plan for the resolution of the problem; in turn,

the therapist should be able to answer any questions about how the intervention will help the family's problematic situation. Also, similar to how the physician continuously monitors the effect of the prescription, some family's expect to be informed about the therapist's perception of their progress (i.e., prognosis).

Haley (1976, p. 9) stated, "If therapy is to end properly, it must begin properly by negotiating a solvable problem...The act of therapy begins with the way the problem is examined." Basically, he argued that a necessary first step to successful therapy is creating a solvable problem. He maintained that since the therapist and family co-create the problem, the therapist better make sure the defined problem is solvable. The importance of his argument is seen in what some of the families in this project expected. When a family expects an evaluation, the therapist better make sure that the delivered evaluation includes a defined problem that is solvable.

An Isomorphic Relationship has Occurred

This research project found that much more was involved in the process of joining with families than accepting the family's organization and style, and that an isomorphic relationship begins to occur prior to a family meeting their therapist. Families indicated that both the approach to therapy and the characteristics of the

therapist were important to them. Specific items mentioned were the accountability of the therapist to the team, the team approach, the personal characteristics of the therapist (i.e., perceptive, down to earth), and the ability of the therapist to put into words what family members were feeling. The importance of this theme is that the team can be joined with by the families. Although this knowledge is common to therapists who use such an approach, it may come as a surprise to therapists who reject the team approach. Additionally, when the therapist has personal characteristics that fit with the family, the whole therapy approach, including the team, is perceived positively by the families.

A second theme that emerged involved change. It seemed that the quicker a therapist was able to induce change, no matter how trite, the more likely families were to view the therapy process positively. Two possible explanations for this occurrence are that the families felt quick relief from the problem, and/or the families became confident in their therapist. The importance of this finding is that a therapist who spends a number of sessions with a family without addressing their immediate concerns may not be able to create an isomorphic relationship with the family. This finding also gives support as to why the briefer models of psychotherapy have gained acceptance and

credibility in the therapy world. Such models are specifically designed to create change quickly.

Finally, this project demonstrated that isomorphism may occur prior to a family actually meeting the therapist. Many comments were made referencing the atmosphere, beauty, relaxing setting, and cooperativeness of the staff. If families find the physical setting appealing and the staff cooperative, they are more likely to have a positive view about the therapy process prior to beginning therapy. Furthermore, such characteristics may facilitate an isomorphic relationship well after therapy has started. For example, if a therapist were to ask a family to bring all of its members, including the children, and the setting has toys for them to play with, the family may be much more receptive to having such members attend.

An Isomorphic Relationship may not Occur

Three themes emerged that indicated potential roadblocks to the isomorphic process. One theme involved the physical characteristics of the Family Center. Although some families appreciated the camera, mirror, and team approach, other families did not feel comfortable with these characteristics. Unfortunately, if these families wanted to receive services at the Family Center they needed to tolerate such items. As a therapist, the only thing that can be done is conduct business as usual demonstrating

that you are comfortable using such an approach; in turn, transferring your comfort to the clients.

A second theme that evolved was the therapist's behavior in therapy. Clients did not appreciate it if a therapist aligned with a family member, or appeared to be on a fix it trip. While at times a therapist needs to align with a family member, the therapist must be able to communicate to other members that she has not forgotten their needs. Also, the therapist must also be able to communicate an understanding of a family's problem, not just the ability to try to solve it. Often times brief therapists focus only on the problem and how to intervene, without giving recognition to how a family member may feel about the situation.

Finally, families indicated dissatisfaction with the therapy process and therapist when their expectation about the process was not met. As discussed earlier, families often expected therapy to have a specific structure that often followed a physicians structure (i.e., diagnosis, prescription, prognosis, and follow through). Families became disappointed with therapy when they did not understand what they needed to accomplish in therapy (evaluation), were not given specific options to try at home (prescriptions), were not informed of a plan and the rationale of an intervention (prognosis), and were not kept

up to date about how the therapist felt they were doing. A therapist must be able to adapt to families in which they want to hear what the "expert" feels about their situation, or the therapist may be seen as incompetent or not doing therapy.

Secondary Analyses

Pre-Domain Analyses

The purpose of the pre-domain analyses was to discover the folk terms used as nouns by the interviewees (Spradley, 1979). The most interesting finding in the pre-domain analysis involved the language used by the families. All written materials referred to the therapists at the Family Center as therapists, the telephone was answered using the name Family Center, and whenever an appointment was made following a session the receptionist referred to the helper as a therapist. Despite the repeated usage of these terms and phrases, families continued to call their therapist such things as counselors, marriage counselors, and shrink. Furthermore, some families called the process counseling, marriage counseling, and guidance. The importance of this finding is that it demonstrated the power of a client's expectations about the therapeutic process. It seems that prior to seeking services they have a set language for the person and process involved in such services. It comes as no surprise that clients become

upset when their expectations regarding therapy are not met, since such expectations seem to be firmly held by the clients.

Domain Analysis

The purpose of the domain analysis was to discover the semantic relationships used by interviewees. In this project such relationships deal with the therapy process experienced by clientele.

When describing the physical appearance of the Family Center, interviewees usually described the Family Center positively. Some of the phrases used to describe the Family Center were "nice", "really beautiful", "comfortable atmosphere", and "open". As mentioned before, the importance of such phrases is that these phrases indicate that an isomorphic relationship may be occurring prior to the clients actually entering the building. If such positive attitudes can be created prior to the actual therapy process, then the therapist may be able to begin therapy positively and properly. Unlike Kuehl (1987) who reported that the therapy process for some clients began when they read and completed the forms, this project indicates that isomorphism may occur earlier.

The domain analysis further supported the conclusion that some clients want to perceive some structure in the interview. The domain analysis indicated that the role of

a therapist, and what makes a good therapist, is a session that involves evaluating where to start, determining the problem, generating ideas, providing options and interventions, and having change occur. This structure is not unlike any other structure of a health service delivery (i.e., dentist, physician). Since, clients are accustomed to such structure, it is not surprising that they expect it for the mental health services. Again, the importance of this finding is that the therapist needs to be sensitive to what clients are expecting from therapy. For example, if a family arrives for therapy because their 14 year old daughter nearly died of an overdose of crank, they may not be receptive to a therapy style that examines the roles of great grandparents, aunts, and uncles. Possibly, such information would be beneficial at a later date. Another example of therapy that may not fit a client's expectation of therapy would be a solution based therapist who searches for solutions when, in fact, the client really just wants to understand why she is feeling the way she feels.

Similarly, the domain analysis indicated that a bad therapist was someone who allowed the family to go home feeling frustrated and was given no options. It appears that clients want something to go home with and try, not just understanding.

Change and understanding were two themes that emerged from the ethnographic interviews that indicated families felt their needs were being met and that the therapy process was a positive experience. Families wanted to see something change regarding their problematic situation, and they wanted to be understood. The necessary change needed to produce a positive attitude toward therapy was dependent on each family. However, it was important for each family to hear or see changes. Not only did clients want to hear and see change, but they also needed to be understood. Bad therapy was perceived as lack of understanding, regardless of the options or interventions given. This finding is especially important for brief therapists who tend to either focus on finding a client's solution, and/or trying to produce change through intervention alone. Therapists need to be sensitive to the fact that some families need to have both processes occur during therapy in order to gain confidence in the therapy and therapist.

Clients who reported negative experiences and that their needs were not being met usually commented on one of three characteristics in therapy. The team approach which included a camera and a one way mirror was mentioned as a negative experience, even though some families found this approach exciting and beneficial. The second negative characteristic mentioned by families was the lack of a

therapist-client relationship. This occurrence is attributable to the style of therapy used. The Family Center was primarily a solution based family therapy center. Solution based therapy does not typically focus on understanding the feelings of clients, but rather trying to find the solution to the behavioral problem. A third negative characteristic mentioned by families was the lack of interventions or options given by the therapist or team. This situation typically occurred when the team or therapist would give metaphoric interventions, or asked the families to slightly modify something they were already doing. It seemed that families came to therapy to learn some new ways of dealing with their problems, and they wanted to give different interventions a try.

Limitations of this Research

Three limitations of this research need to be acknowledged. First, the length of each ethnographic interview was limited to twenty minutes. The result of this time limitation was that the interviewer frequently had to move on to another topic during the interview rather than thoroughly investigating a topic when it was appropriate. It was decided that the interview needed to be time limited because many of those interviewed had children, and needed to get home. Furthermore, since the interview always followed a session, it was decided to keep

the interview relatively short so that the clients would not become irritated with the Family Center staff or the ethnographer.

The second limitation of this study was that it was difficult to obtain three complete ethnographic interviews per family or couple. The reason for this difficulty was that the therapists were trained, or being trained in brief psychotherapy. Rather than predetermining a range of sessions for conducting each interview (i.e., 1-3, 4-7, 8+) specific sessions should have been targeted (i.e., 1, 4, 8). By targeting specific sessions more interviews may have been obtained. The range format allowed clients to terminate therapy before a planned ethnographic interview was conducted. The reason the range format was chosen was to protect a session that was emotionally laden, or had a strong intervention. However, since this occurrence never presented itself, interviews should have been conducted after specific sessions.

The final limitation was that although ethnographic interviews were being conducted, the interviewers had not been formally trained in such research methods. This limitation may have limited the type of information gathered, and the actual reporting of gathered information. The reason a professional ethnographer was not used was to determine if such interviews could be conducted by

therapists so this process could be applied in many different settings in which the interviewers would not be trained in ethnographic interviews.

Contributions and Conclusions

The purpose of this project was to determine if ethnographic interviews would facilitate an isomorphic relationship between the therapist and clients. The results of this project suggested that the Re-Search Model can be a useful tool in the therapeutic process. It was hypothesized that by changing the context of information gathering by introducing an ethnographer new information could be created; in turn, producing a more cooperative relationship between therapist and client. The primary and secondary results indicated that cooperation can be facilitated through the use of the Re-Search Model. The expectations and perceptions of therapy by the families became more clear when the ethnographer conducted the interviews. The importance of the ethnographic interviews was that based on the information gained the therapist could alter her style if she was not meeting the expectations of the clients, or had in some way created a negative relationship with the clients.

Another contribution of this project is the use of the Re-Search Model as a cybernetic mechanism in therapy. For example, Tom and Jackie Kraus had informed the

ethnographer that they were not happy with Tracy's fix it, superficial style of therapy. During the session following the interview Tracy focused in on feelings and used the whole session for understanding Tom and Jackie's concern that they were not being understood. The results of the ethnographic interview was that Tracy learned what Tom and Jackie desired and used this information to create a therapy session that was fulfilling to Tom and Jackie and facilitated a more cooperative relationship. Tom and Jackie stated that they were going to terminate therapy, but because Tracy changed his approach during the next session, Tom and Jackie decided to continue with therapy at the Family Center.

Another contribution of the Re-Search Model is that it can be used with stuck cases. Since this project demonstrated the usefulness of the Re-Search Model in creating useful information for the therapist by changing the context of information gathering, perhaps it could be used in situations where the therapist and clients are feeling stuck. An ethnographer may be able to create new information that would assist the therapist in developing a more productive therapy experience for the clients, and inevitable deliver a better quality service.

Suggestions for Future Research

The suggestions for future research follow the suggestion of Wamboldt et al. (1985). They suggested that family therapy research should not focus on politically motivated research (i.e., structural therapy vs. multigenerational therapy), but rather look for more effective ways to do the therapy of your choice.

The purpose of this project was to determine if such a model could create a more isomorphic relationship between therapist and clients. The first suggestion would be to determine which questions of the ethnographic interviews are necessary and sufficient. Such information may help create more "standard" questions so that virtually anyone could conduct such interviews, and the interviews would address topics that create useful information.

A second suggestion would be to use the Re-Search model on stuck cases to determine if such a model would be useful in such situations. Possibly, interviews would only need to be conducted when a therapist feels like she is not meeting the expectations and needs of the families.

Another suggestion would be to conduct such interviews after every session. These interviews may help to uncover any dissatisfactions and satisfactions that clients may have had with their therapy session. In essence, allowing

the therapist to know immediately what needs to be continued or corrected.

The final suggestion would be to conduct all interviews prior to the therapy session. Although this project was generating information during the therapy process and not post hoc, the interviews were still conducted after a therapy session (post hoc therapy session). By conducting interviews prior to the therapy session, the therapist would learn what the clients are expecting from her during the upcoming session. This information would allow the therapist a better chance of creating an isomorphic relationship with the family from the start.

Summary

The purpose of this research project was to develop a model in which a more productive and cooperative relationship could be facilitated between the therapist and clients. Based on Varela's (1979) assumption that if you change the context of a situation, the meaning is then changed, an ethnographic interviewer was introduced into the therapy process to re-search with families in hopes of inventing new information that would help the therapist in become more isomorphic with families.

Families enter therapy with a belief system about the semantics and politics of therapy, and the therapist must

try to fit with that belief system. The purpose of the ethnographer was to discover what the families' semantics and politics of therapy were so that the therapist would be able to become isomorphic more effectively.

The unique aspect of this project was that a non-therapy interviewer was used to gain information about the therapy process, not a co-therapist in the traditional sense. Also, this project did not try to compare therapy styles in an effort to compare effectiveness rates, but rather an attempt was made to develop a tool that could be used with any style of therapy

The results indicated that the ethnographer was able to gain information that could assist the therapist in joining with clients. By learning what a family expected, the therapist could modify the therapy sessions to fit their expectation level. The findings indicated that clients have a certain set of expectations about their therapist and the therapy process, and when these expectations are not met clients become frustrated with the therapist. Furthermore, when clients do not have their expectations met and do not see any change in their problematic situation, they begin to question the therapy they are engage in. The Re-Search model demonstrated that the therapist is able to fit with the clients better if she is aware of the expectations of the clients. Perhaps,

more importantly, the ethnographer was able to discover when clients had had a negative experience during the therapy process, and this information could then be used by the therapist to produce a more positive therapy experience.

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